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DUBLIN HEALTH AUTHORITY

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REPORT

OF THE

CHIEF MEDICAL OFFICER

FOR THE YEAR 1968

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DUBLIN HEALTH AUTHORITY

REPORT

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CHIEF MEDICAL OFFICER

FOR THE YEAR 1968

John B. O'Regan, B.Sc., M.D., D.P.H.

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DUBLIN HEALTH AUTHORITY

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F. J. McCullough
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PREFACE

Municipal Buildings,
Castle Street,
Dublin 2.

To the Manager and Members of the
Dublin Health Authority.

I have the honour to present the Annual Report on the health of the City and County of Dublin and the Borough of Dun Laoghaire for the year 1968.

In addition to the usual material presented the doctors in charge of the other Authority hospitals have written general reports which are included.

The number of infants who died in 1968 was considerably fewer than in 1967 and consequently the infantile mortality rate reached a new low level. The causes of death in which the reduction was most marked were respiratory infection, gastro enteritis and congenital malformation. It will be remembered that in 1967 a new pathogenic E. Coli 0111 was responsible for most of the deaths due to gastro enteritis. This organism was less common in 1968 and produced a much milder form of disease. One of the causes of congenital malformation is the occurrence of rubella in early pregnancy. It is of interest that rubella reached epidemic proportions in the city and later in the county from the Spring of 1966 to mid 1967. In 1967 the deaths from congenital malformation were more than 50% above normal. It is also of interest that in 1968, the number of infants referred for suspected hearing loss was 30% greater than in 1967.

It will be noticed from the figures of deaths from cancer of the lung that the number has increased by 55% in ten years. The danger to health from cigarette smoking has been stressed time and time again in scientific reports, press articles, lectures and pronouncements by prominent medical men. The only group who appear to have taken the warnings to heart are the medical men themselves. It is now rare to find a doctor who smokes cigarettes. Some years ago a comparison was made between smoking habits in Dublin and in Belfast, Liverpool, Oslo, Copenhagen and Helsinki. It was found that the women of Dublin were heavier smokers and more of them smoked than in the other cities. The trend to heavier smoking was particularly noticeable in the 40-60 age group. It is a fact that the present level of cigarette smoking in Ireland was reached only about 25 years ago. As cancer of the lung takes a number of years to develop, a further increase in the disease is anticipated.

INFECTIOUS DISEASE

This was the third year in which no case of poliomyelitis occurred and the first in which there was no diphtheria. The enteric fevers were also absent. However, in mid-year an epidemic of enteritis due to salmonella (Stanleyville) began. This continued to the end of the year and it proved to be a very infectious disease. No source of origin could be traced and in the enquiry approximately 60 faecal swabs and 50 specimens of fowl feeding stuffs were examined with negative results. Attention is called to the increase in the number of cases attending the Venereal Disease Clinics. New cases of syphilis have increased by 200%; gonorrhoea by 50% and non-specific urethritis by 100%. There is no doubt but we are reaping the results of the permissive age. It must be remembered, that we have no means of estimating the true incidence of these diseases, but experience would suggest that not more than one-third attend the public clinics.

Research in the Bacteriological Laboratory was stimulated this year by interesting reports from the Veterinary Research Laboratory and from Prof. E. Moorhouse of the Royal College of Surgeons. Veterinarians had found salmonellae present in 2% of the cattle slaughtered at the abattoir. In order to complement this investigation a similar survey was made of beef carcasses in the abattoir and in butcher shops and swabs were also taken from butcher blocks. The same percentage was found positive. Salmonellae Dublin, an organism of not high virulence was the type recovered. Prof. E. Moorhouse investigated the incidence of resistant strains of enterobacteria in city and county children. Specimens were collected through Child Health Service. 81% of city children and 58% of county children harboured resistant organisms. Only one-third of the city children had received anti-biotic drug therapy and in addition, the number of household contacts who had received similar treatment was very small. From the pattern of resistance shown, it was apparent that one had to look elsewhere for another source of these organisms. Specimens from cattle and pigs killed at the abattoir were examined. No resistant strains were isolated from the faeces of over 100 cattle but 58% of pigs gave positive results on direct examination from intestinal swabs. On a change of technique, over 90% gave positive results. Continuing the investigation 18 of 32 samples of sausages yielded resistant strains of E. Coli from both the surface and the interior of the sausage. While the use of antibiotics in children's diseases is one of the main causes of the widespread occurrence of resistant enterobacteria the unrestricted use of antibiotics in animal feeding, especially pig feeding would appear to be of equal or of greater importance.

URINARY INFECTION

During the year the School Health Service co-operated with Dr. S. Cahalane and Mr. D. Kelly of Temple Street Hospital in a survey of urinary infections in school children. Approximately five thousand specimens of urine were obtained at routine medical inspections. The results of the survey have indicated that this method of screening should be incorporated in the School Health Service and it is hoped that a beginning will be made in 1969. Although the screening should be done at as early an age as is possible girls aged eight to nine years will be screened first and as experience is gained in the collection of the specimens younger children will be included.

Housing

The housing situation in the city improved a little during the year and the Corporation was able to offer accommodation to families of one and two children. Stable families of three, having one child over five years of age, have been unfortunate over many years as larger families had to be rehoused before them. The Ballymun scheme enabled the Corporation to rehouse some of these families of three, who were living in overcrowded conditions but the statutory definition of overcrowding excluded a number of them. It also excluded many larger families, even some with four children. It is time that the definition was altered to give more equitable consideration to those living in one room. The building of sixteen storey flats in Ballymun was a bold experiment. Some of the occupants are very well satisfied some are not. The lifts are frequently out of order and, at first, the central heating plant was producing too high a temperature. High flats are not suitable for young families. Mothers are afraid to allow their children out of sight and children must play with others in order to develop normally. Nursery centres and nursery schools are therefore necessary in such schemes. Eight storey buildings should be acceptable if the top two storeys were planned to accommodate grown families. The Corporation of Dublin decided not to change over to a points system in the allocation of houses. I agree fully with the decision. Dun Laoghaire Corporation has changed and the County Council is in the process of doing so. I believe that where small numbers of houses are being allocated infrequently and where housing lists are not too large the recommendations of the Medical Officer and the order of priority given, reflect more accurately the relative urgency for rehousing of each family.

JOHN B. O'REGAN.

	Dublin City	Dublin County	Dun Laoghaire Borough
Population (795,047)	568,772	174,503	51,772
Births	12,563	5,083	1,209
Birth Rate	22·1	29·1	23·4
Deaths (all causes)	5,527	1,222	625
Death Rate (crude)	9·7	7·0	12·1
Infant Deaths	272	90	23
Infant Mortality Rate	21·7	17·7	19·0
Deaths from Measles	1	1	—
Deaths from Influenza	30	9	1
Deaths from Tuberculosis (all forms)	75	10	9
Death Rate from Tuberculosis (all forms) per 100,000 population	13·1	5·7	17·3
Deaths from Cancer	1,076	226	117
Death Rate from Cancer	1·9	1·3	2·2
Stillbirths	241	65	20
Stillbirth Rate	19·1	12·7	16·5

Rates calculated per 1,000 except where otherwise stated.

This table is based on the returns received from the Registrar General. There are small discrepancies between these figures and those of the Authority for deaths from Tuberculosis and Infant Deaths.

The following is the parity table for 1968 with figures for 1963 for comparison

Birth	1st	2nd	3rd	4th	5th	6th	7th
Percentage 1968	<——	——	86·3	——	——>		
	28·5	21·7	16·4	12·2	7·5	4·9	2·9
Percentage 1963	<——	——	82·3	——	——>		
	24·4	20·3	17·5	11·6	8·5	5·9	3·7

Birth	8th	9th	10th	11th	12th	12+
Percentage 1968	2·0	1·1	0·9	0·5	0·3	1·1
Percentage 1963	2·5	1·7	1·5	0·8	0·7	0·9

Table showing Annual Rate of Mortality and Deaths from Certain Causes, City of Dublin 1945—1968. Population 568,772—1966 Census.

Year	Annual Rate of Mortality		Total Deaths	Deaths under one Year	Infant Mortality Rate	Typhoid	Measles	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Tuberculosis		Cancer		Road Casualties
	From all Causes	From Principal Epidemic Diseases									Pulmonary	Other Forms	Total	Respiratory	Fatal
1945	14·0	1·3	7,036	1,424	114	8	5	30	36	557	643	181	622	—	—
1955	11·1	0·18	5,801	435	34	—	5	7	13	24	141	13	918	—	56
1960	10·2	0·02	5,393	383	30	—	2	—	2	10	108	6	982	217	58
1961	10·7	0·08	5,747	435	34	—	16	3	2	25	119	8	980	220	65
1962	10·5	0·05	5.627	452	34	—	—	—	1	23	80	4	1,049	223	54
1963	10·4	0·06	5,609	388	28	—	5	—	2	13	112	5	997	208	50
1964	9·7	0·04	5,364	387	28·5	1	4	1	5	17	82	7	1,029	227	74
1965	10·3	0·06	5,650	365	28	—	1	—	1	35	68	3	1,056	263	80
1966	10·2	0·05	5,814	342	26·8	—	5	1	—	22	79	5	1,043	268	81
1967	9·0	0·09	5,403	378	30·6	—	1	1	1	49	57	9	1,021	257	98
1968	9·7	0·06	5,527	272	21·7	—	1	—	—	34	60	4	1,076	278	61

Tuberculosis deaths in this Table for 1968 show a decrease on the figures in the Registrar General's Report

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INFANTS DEATHS 1968—DUBLIN HEALTH AUTHORITY AREA

Cause of Death	Under One Month			One month and over				Approximate Percentages				
	Males	Females	Sub Total	Males	Females	Sub Total	Total	1968	1967	1966	1965	1964
Respiratory Infections	8	11	19	30	18	48	67	17·8	18·9	24·9	15·7	19·7
Gastro-Enteritis	3	2	5	20	17	37	42	11·2	14·2	6·5	8·5	3·3
Other Infections	1	—	1	5	1	6	7	1·8	2·1	3·5	4·1	4·3
Prematurity	22	22	44	—	—	—	44	11·7	18·8	11·4	19·8	17·7
Birth Injury	12	9	21	1	—	1	22	5·8	4·3	9·9	5·8	5·6
Asphyxia	3	2	5	3	4	7	12	3·2	1·3	2·6	5·0	3·8
Atelectasis and Hyaline Membrane	28	14	42	3	1	4	46	12·3	11·9	9·9	9·6	7·4
Congenital Deformities	33	31	64	16	12	28	92	24·5	30·3	21·4	21·9	25·3
Haemolytic Disease	6	9	15	—	2	2	17	4·5	2·5	2·9	3·2	3·3
Other Diseases and Conditions	5	7	12	2	4	6	18	4·8	3·1	6·7	5·5	7·1
Accidents	—	—	—	1	7	8	8	2·1	1·5	—	0·9	2·5
	NEO-NATAL TOTAL 228			GRAND TTOAL 375								

Based on the weekly returns from the Department of Health.

There is a small discrepancy between these figures and those given in Registrar General's Report.

CANCER DEATHS—DUBLIN CITY, COUNTY AND DUN LAOGHAIRE

Year	Digestive System			Respiratory System			Other		
	City	Dun Laoghaire	County	City	Dun Laoghaire	County	City	Dun Laoghaire	County
1957	406	38	63	192	15	32	332	36	63
1958	378	47	66	186	13	26	343	44	58
1959	402	39	60	182	20	25	302	30	56
1960	414	32	70	217	21	29	351	27	56
1961	380	44	66	220	24	30	380	35	56
1962	439	44	64	223	17	28	387	37	54
1963	417	42	82	208	27	28	372	35	63
1964	404	47	80	227	25	25	398	38	77
1965	413	28	80	263	20	40	380	29	85
1966	388	35	88	268	23	48	387	43	76
1967	403	49	82	257	26	38	361	52	91
1968	411	39	84	278	28	43	387	50	99

TABLE SHOWING THE NUMBER OF NOTIFICATIONS OF INFECTIOUS DISEASES—City of Dublin 1940–68

	Infective Hepatitis	Typhoid and Paratyphoid B	Diphtheria	Scarlet Fever	Cerebro-Spinal Fever	Puerperal Sepsis	Dysentery	Diarrhoea and Enteritis	Measles	Whooping Cough	Acute Anterior Poliomyelitis	Acute Lymphocytic Meningitis	Rubella
1940	—	65	720	627	27	13	1	·	·	·	1	·	·
1945	—	14	861	303	20	14	28	1,837	2,112	1,275	19	·	·
1950	—	4	4	1,686	32	2	9	625	2,768	1,894	51	·	·
1955	123	1	64	393	16	2	41	973	3,628	1,699	25	·	288
1960	510	—	55	365	6	4	179	917	832	645	83	52	228
1961	364	—	36	229	4	1	217	990	5,486	688	12	29	2,085
1962	271	8	12	254	7	2	54	1,136	2,128	184	12	30	462
1963	246	2	8	299	4	1	87	938	2,626	474	3	36	255
1964	545	3	30	287	5	1	81	800	3,248	503	2	25	553
1965	342	1	3	247	2	4	58	968	2,480	176	1	29	297
1966	327	4	2	163	3	1	116	1,040	2,056	261	—	12	674
1967	341	1	—	171	4	—	114	985	1,790	521	—	24	572
1968	457	—	—	176	4	3	115	1,287	3,050	214	—	7	161

TABLE SHOWING THE NUMBER OF NOTIFICATIONS OF INFECTIOUS DISEASES—Dublin County and Dun Laoghaire 1961-68

	Infective Hepatitis	Typhoid and Paratyphoid B	Diphtheria	Scarlet Fever	Cerebro-Spinal Fever	Puerperal Sepsis	Dysentery	Diarrhoea and Enteritis	Measles	Whooping Cough	Acute Anterior Poliomyelitis	Acute Lymphocytic Meningitis	Rubella
1961	176	—	3	58	2	—	38	133	1,816	103	5	6	760
1962	46	1	2	74	—	2	9	133	759	39	5	9	186
1963	103	—	5	85	—	—	10	178	775	115	4	12	133
1964	137	—	3	92	2	—	30	155	1,166	154	1	3	181
1965	117	—	2	111	1	1	11	223	1,343	97	1	7	313
1966	69	1	—	95	3	—	22	267	1,201	52	—	8	182
1967	219	1	1	97	—	—	51	300	1,222	242	—	2	639
1968	111	—	—	63	—	1	43	315	1,089	117	—	—	157

Dot (·) indicates that the disease in question was not notifiable in that particular year.

INFECTIOUS DISEASES

M. Crowe, F.R.C.P.I., D.P.H., T.D.D.

Deputy Chief Medical Officer

Article 12 of the Infectious Diseases Regulations, 1948 imposes on Dublin Health Authority the obligation of making arrangements for the diagnosis and treatment of infectious diseases in persons living in Dublin City and County and Dun Laoghaire Borough. Over 40 diseases are specified to be infectious diseases for the purpose of these Regulations.

To meet its obligations under these Regulations, the Health Authority, in addition to its medical, nursing, and health inspector personnel, own and administer Vergemont Fever Hospital (105 beds plus a smallpox unit) and Dublin Fever Hospital (282 beds, although operating on 230 beds as 2 ward blocks remained closed during the year) in which free institutional treatment is provided.

A general practitioner and consultant service is available to those eligible under Section 14 of the Health Act, 1953. The average number of persons eligible in the Health Authority area in 1968 was 119,000 (including dependents). The general practitioner attention is provided by 82 district medical officers.

There is no general practitioner, but there is a consultant service for those eligible under Section 15 of the Health Act, 1953. The consultant service is available only for those who can attend hospital extern departments. It does not provide for domiciliary consultations. In this respect, the British Medical Journal of 19th December 1959, in a leading article states : "The introduction of Domiciliary visits by consultants in Great Britain is one of the outstanding medical advantages attributable to the National Health Service, the benefits it has brought being out of all proportion to the cost".

The Home Nursing Service has been extended during the year from 49 to 60 whole-time nurses, i.e. 53 Public Health Nurses, 6 Jubilee Nurses and 1 nun (Little Sister of the Assumption). The 45 Health Authority dispensary districts now have nursing cover.

The statistics, except where otherwise stated, refer to the Dublin Health Authority area, i.e. Dublin City, Dublin County and Dun Laoghaire Borough.

Poliomyelitis

This year, as for the past 2 years, no notification of poliomyelitis was received. Eight notifications of Lymphocytic meningitis were received. Faeces from 3 were examined for E.C.H.O., coxacki and poliovirus. One was found harbouring E.C.H.O. and another coxacki virus.

Enteric

No case of enteric was notified during 1968.

Our 4 known carriers (1 phage D1; 1 phage E.1; and 2 phage F.1) remain with us although one is in very poor health.

Brucellosis

No case of brucellosis was notified during 1968.

Dysentery

161 notifications of dysentery (38 from one institution) were received during 1968, an incidence of 0.2 per 1,000 population. 102 (63%) were treated in hospital. There were no deaths.

Actually, mild dysentry has become so common that notifications bear no relationship to the real extent of the disease. It usually responds to chemotherapeutic and/or antibiotic agents, which can also be administered prophylactically to contacts.

Sonne organisms caused 87, and Flexner 13, cases. In 48,—mostly treated at home—organisms were not isolated.

Excreta from 58 of 180 contacts were examined with negative results.

Food Poisoning

No outbreak of food poisoning came to knowledge during 1968.

There were 86 cases of Salmonella Stanleyville, almost all of whom were found in five institutions. Many were undoubtedly instances of case to case infection and included six nurses. Illness was mild.

S. Stanleyville is new to Dublin. The possibility of spread by fowl was explored and intestinal specimens from 64 carcasses from three poultry distributing stations, and 48 samples of feeding material (some imported), were examined with negative results.

Rubella

308 notifications of rubella (21 females over 18 years) were received during the year, an incidence of 0.4 per 1,000 population. 18 (6%) were hospital. There were no deaths.

This year's incidence is much lower than that of previous three years.

Rubella is characteristically a very mild disease. It reaches epidemic prevalence at longer intervals than measles or pertussis and, possibly for this reason, tends to affect a wider age group.

Rubella has only attained significance in recent years, since an association was observed with congenital defects in babies whose mothers contacted it early in pregnancy.

Drs. Coffey and Jessop in an article in The Irish Journal of Medical Science—January 1959—conclude from their study of Dublin mothers who developed, or were in contact with, rubella while pregnant during the 1956 epidemic, that "the incidence of congenital deformities in women who contracted the disease was nearly ten times the expected level, and in women who were exposed to infection, but did not develop rubella, about 2.5 times."

Gamma Globulin, which is considered of prophylactic value to susceptible female contacts in the first months of pregnancy, was provided during the year by the Health Authority for 795 expectant mothers, who were contacts of rubella during early pregnancy, at a cost of approximately £3,060 15s. 0d.

MEASLES

4,130 notifications of measles were received during the year, an incidence of 5 per 1,000 population. 357 (11%) were treated in hospital. There was one death.

The notifications and death were in the following age groups :

Under 6 months	6 months to 1 year	Years 1—2	Years 3—4	Years 5—9	Years Over 9
41	268 (1 death)	1,146	1,344	1,174	157

The death occurred at home—a modern Corporation dwelling.

The notifications were received as follows :

Jan.	Feb.	Mar.	April	May	June
280	470	760	622	722	434
July	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**
241	196	60	105	170	70

Incidence was highest in Jan.-July thus resembling the picture of recent years.

While there was but one death, the baneful effects of the disease cannot be estimated from mortality alone because among those recovering some suffer cerebral involvement and/or left with chronically damaged chests.

Heretofore there has been no method of affording prolonged protection against measles. Temporary protection can be afforded by the use of Gamma Globulin, and this is made available by the Health Authority as, even though its effect is transitory, the postponement of an attack of measles from infancy to an older age would be of inestimable value.

During the year 337 children—208 at home and 129 in hospital—were provided with it at a cost of £300 odd.

However attenuated measles vaccine, which would give more prolonged protection is now available and hsa been employed on a national scale in Britain during this year. It has been employed in other countries over longer periods and in the report of the Commissioner of Health for the City of Baltimore, U.S.A., it is recorded that whereas 1,170 cases of measles were reported in that city in 1966, there were but 92 in 1967 and 66 in 1968. This "dramatic drop" in incidence is attributed to a measles vaccine drive undertaken in 1967.

Certainly an effective vaccine would be very valuable in dealing with this disease which, though not particularly lethal, makes a heavy demand on hospital accommodation in this city and for those treated at home creates parental worry and strain on doctor's time.

PERTUSSIS

328 notifications of pertussis were received during the year, an incidence of 0.4 per 1,000 population and a big reduction since last year when there were 763 cases. 83 (25%) were treated in hospital. There was one death.

The notifications and death were in the following age groups :

Under 6 months	6 months to 1 year	Years 1—2	Years 3—4	Years 5—8	Years over 9
40	64	70 (1 death)	70	80	4

The death occurred in hospital. The child had lived in a caravan and had not been immunised.

35 families had each 2 cases, 7 had 3 cases, 5 had 4 cases, and 1 had 5 cases.

The notifications were received as follows :

Jan.	Feb.	Mar.	April	May	June
44	35	18	20	25	16
July	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**
48	26	36	27	13	20

Pertussis is most lethal in early life and this year 31% of cases were under 1 year (11% under 6 months).

The likelihood of early infection is particularly high in this city where so many families have infant, toddler, and school going members. Moreover, many such families live in multiple dwellings because of which, from an epidemiological viewpoint, they may be said to occupy one field unit. At the same time many families are being rehoused from such dwellings to individual houses in municipal housing estates, because of which, facilities for transmission of infection should diminish.

Nevertheless, any procedure which would even postpone pertussis for a few years would be of inestimable value.

Pertussis prophylaxis has not established itself on as secure a basis as that of diphtheria because of doubt about degree and longevity of protection afforded. Nevertheless, combined diphtheria and pertussis antigens have been administered in Health Authority clinics, and by district medical officers and private practitioners, for a good many years with impressive results.

During 1968 when the age for receiving the initial injection (combined with diphtheria and tetanus antigens plus oral polio) was 5 months 10,250 children received this prophylactic through Health Authority arrangements. This figure does not include those immunised by private practitioners, the number of whom is unrecorded but believed to be considerable.

Actually of the 38 children aged 8 months to 4 years who were hospitalised because of whooping cough during the year, enquiry revealed that 31 had not been immunised.

SCARLET FEVER

242 notifications of scarlet fever were received during the year, an incidence of 0.3 per 1,000 population. 67 (28%) were treated in hospital. There were no deaths.

The notifications were in the following age groups.

Year 0—4	Year 5—9	Year 10—14	Year 15—20	Year over 20
157	100	17	5	3

Incidence was fairly even throughout the year.

Whereas in 1937, sixty-six city deaths were certified to scarlet fever, no death has been ascribed to it since 1954. Scarlet fever, therefore, as it affects Dublin nowadays, is no longer a killing disease, though, of course, this may not always be so.

28% of notified cases were hospitalised as compared with 11% of measles and 25% of pertussis—at present much more serious diseases. (One death from measles and no death from pertussis). The streptoccoccus that causes scarlet fever in one person may cause a sore throat without a rash, or even skin or wound sepsis in another. The significant factor as far as such persons are concerned is the presence of the streptococci rather than the rash. Yet it is the rash that decides the issue in favour of hospitalisation. This is but to continue—perhaps rather slavishly—the tradition of earlier years when scarlet fever was a killing disease. Because of its present mildness, a problem for consideration is whether it needs the extent of hospitalisation is still receives in Dublin.

INFECTIVE HEPATITIS

562 notifications were received during the year, an incidence of 0.7 per 1,000 population. 246 (44%) were treated in hospital. There were no deaths.

The notifications were in the following age groups ;

Years 0—4	Years 5—9	Years 10—14	Years Over 14
87	257	85	133

The disease, which is caused by a virus, presents itself in varying degrees of severity from being asymptomatic (often in children), through vague ill-health without observable jaundice, to intense icterus with severe hepatitis.

36 familes had 2 cases, 9 had 3 cases, 2 had 4 cases, 2 had 5 cases and 1 had 8 cases.

From an epidemiological viewpoint, however, the first case of jaundice is not necessarily the first of hepatitis, and if virus investigation was possible, more cases, especially among household contacts, would undoubtedly be unearthed.

While there is no death recorded this year, nevertheless if infection be severe or prolonged, cirrhosis of the liver may result in later years. Also virus may be present in the blood stream before and after manifest illness, and blood taken from a donor in this state could cause hepatitis in a recipient.

This disease has been statutorily notifiable in this country since 1948 and in Britain from this year. At a meeting of the Regional Office for Europe, of the World Health Organisation in Prague in September-October 1964, it was considered that more precise notification was needed to permit a comparison of national incidence in Europe. The view was expressed that control measures must be based on the fact that the disease is usually conveyed via the alimentary tract and that, apart from hygienic measures, the only known preventative is Gamma Globulin. In a field trial in Czechoslovakia the incidence of hepatitis was found to be four times greater among exposed school children who did not have Gamma Globulin as compared with those who did. Gamma Globulin was also used in the Bristol outbreak in 1960/61.

The Health Authority provides Gamma Globulin for "debilitated persons", and women during pregnancy, exposed to infection with infective hepatitis and during the year it was given to 6 expectant mothers, and to 55 nurses and 22 children in two hospitals, at a total cost of £83.

During previous years enquiry was made in each case to ascertain a history of injections and/or blood transfusions, but such enquiry has been discontinued.

GASTRO-ENTERITIS

1,602 notifications of Gastro Enteritis (in children under 2 years) were received during the year, an incidence of 2 per 1,000 population. 1,083 (67%) were treated in hospital.

There were 39 deaths—a significant reduction from the 64 recorded in 1967. All deaths took place in hospital.

The notifications, and deaths were in the following age groups:

Under 1 mth.	1-3 mths.	4-6 mths.	7-12 mths.	13-24 mths.
94	380	266	339	523
(2 deaths)	(21 deaths)	(10 deaths)	(5 deaths)	(1 death)

Of the 1,287 Dublin City cases, 741 came from good class corporation dwellings, 296 from good class private dwellings, 151 from insanitary dwellings, 54 from institutions, and 45 from caravans, tents and such like.

Of the 29 Dublin City deaths, 17 came from good class Corporation dwellings, 8 from good class private dwellings, and 4 from insanitary dwellings.

9 of the deaths occurred in 1 child families.
7 of the deaths occurred in 2 child families.
1 of the deaths occurred in a 3 child family.
4 of the deaths occurred in 4 child families.
3 of the deaths occurred in 5 child families.
2 of the deaths occurred in 7 child families.
1 of the deaths occurred in a 9 child family.
2 of the deaths occurred in 10 child families.

17 of the deaths were in "lower income group" families and 12 in "middle income group" families.

The notifications were received as follows :

Jan.	Feb.	Mar.	April	May	June
137	97	126	107	133	119

July	Aug.	Sept.	Oct.	Nov.	Dec.
112	114	89	151	228	189

Incidence was fairly even throughout the year but there was a October/December peak.

In considering the statistics of gastro-enteritis it is well to bear in mind that diagnosis of this condition is not based on precise standards. Thus Drs. Bell and Grist, of the Glasgow Regional Virus Laboratory, in the B.M.J. of 13/12/67 describe a study of 748 children and conclude that, despite what appeared to be an earlier association of E.C.H.O. virus 7 with gastro enteritis "there is little evidence to incriminate enteric viruses detectable by current diagnostic techniques, as significant causes of diarrhoeal disease". In practice gastro enteritis is usually diagnosed because of diarrhoea and vomiting—symptoms common to many ailments of children. Study of it should therefore take into account that fashions in nomenclature tend to vary and criteria for notification and certification to change. This is particularly so because of the varying emphasis attached by paediatricians to pathogenic type coliform organisms.

As there is no specific protective agent against diarrhoea in infants, the level of illness and death from this condition is a direct indication of the state of public hygiene and household sanitation and care. It is to be expected that improvements in living conditions generally would be associated with a decrease in its incidence.

IMMUNISATION AND VACCINATION SCHEME

Dr. M Dunlevy

The outstanding record of the Immunisation and Vaccination Schemes was the fact that no child died of diphtheria, poliomyelitis or tuberculosis in 1968. This is the first year in the records of the City that no child has died from any of these diseases.

The success of B.C.G. Vaccination in preventing death from tuberculosis is referred to later in this report.

In 1960 there were 83 notifications of poliomyelitis and 12 in each of the next two years. The oral vaccine against poliomyelitis was introduced in March 1965 and from its introduction to the end of 1968 there has been no case in the Dublin Health Authority area.

In 1945, there were 861 notifications of diphtheria—this large number was reduced to 30 in 1964, 2 cases were reported in 1966 and one in 1967. In 1968 there was no case of diphtheria in the area.

The above is a record of the progress made by vaccine against diseases which are considered potential killer diseases. The results of the work show the value of these vaccines.

Despite the above success, it was noticed early in 1968 that the number of diphtheria and poliomyelitis immunisations were falling and the Health Authority found it necessary again to urge parents, by television, radio and newspaper advertisements, to take advantage of the vaccines which are readily available. It is a sad fact that it was necessary to do this in order to ensure that the immunisation level would be maintained. Parents are earnestly requested to co-operate with their doctors by having their children fully immunised. The majority of parents see to it that the immunisation course of three visits is completed. Unfortunately, too many parents show slackness by failing to attend for all three visits so their children are still unprotected.

To facilitate parents, clinics are arranged throughout the City and County. A parent has only to ring 776811, ext. 167 and 168 to learn the time of the clinic nearest to her home. New centres were opened in 1968 at Ballymun, Cabinteely, Coolock, Perrystown, Raheny and Fortfield Road. Immunisation may also be arranged with private practitioners or with District Medical Officers.

Immunisation against diphtheria, tetanus and whooping cough and poliomyelitis should be commenced when a child is 5 months old. The combined vaccine is given at the same time as the oral poliomyelitis vaccine and the procedure is repeated at 2 months intervals. A booster dose is given at school entry and a doctor visits the schools to make the immunisation care easier for parents. 450 visits were made to 227 schools in 1968.

The following table shows the number who completed the diphtheria, whooping cough and tetanus course.

TABLE I

DIPHTHERIA, PERTUSSIS AND TETANUS—Completed Courses 1968

	Pre-School	School Going	Booster Doses
City :			
Clinics	7,201	953	1,070
Schools	—	2,128	13,073
County and Dun Laoghaire :			
Clinics	1,849	153	404
Schools	—	55	2,530
District Medical Officers	1,200	55	169
Total	10,250	3,344	17,246

The number of immunisations made by private practitioners is not included in the above table.

The next table shows the number of completed immunisation courses done by the District Officers in 1968.

TABLE II

DIPHTHERIA, PERTUSSIS and TETANUS—Completed Courses 1968

	Pre-School	School Going	Booster Doses
Curlew Road	39	—	3
Castleknock	82	1	3
Clondalkin	64	3	3
Dundrum	394	2	56
Glencullen	23	4	3
Lusk	38	2	7
Malahide	96	—	5
Oldtown	24	3	—
Portmarnock	20	—	4
Rathcoole	35	24	9
Rush	53	7	4
Shankill	122	2	23
Skerries	39	—	31
Stillorgan	35	1	5
Tallaght	136	6	13
TOTAL	1,200	55	169

Poliomyelitis Vaccination

During the year 15,023 children completed a full course of vaccination against poliomyelitis. It is regretted that this number is not as high as in the previous year. This produces a dangerous situation if this disease strikes again, and parents are urged not to become complacent about this danger.

Smallpox Vaccination

It is recommended that childrens vaccination against smallpox should be done in the 2nd year of life as this primary vaccination modifies the effect of any subsequent smallpox vaccination which may be necessary to comply with travel regulations later in life.

TABLE III

SMALLPOX VACCINATIONS 1968—DUBLIN HEALTH AUTHORITY

	0–5 years	5–14 years	Others
Primary Vaccinations	491	176	623
Re-Vaccinations	21	122	1,537
Total	512	298	2,160

Vaccination Against Tuberculosis

It is with pleasure that for the first time we record that the City had no childhood death from tuberculosis in 1968. This is the target at which tuberculosis prevention work has been aimed for many years. When the BCG Scheme began in 1948, we realised that we had a weapon to prevent tuberculosis. At that time the annual number of childhood tuberculosis deaths was 138. After twenty years of constant vigilance to protect children we now see that the target is realised. Since 1962 one or two childhood tuberculosis deaths were recorded each year. The mortality from tuberculosis now occurs in the older age groups.

TABLE I

CHILDHOOOD TUBERCULOSIS DEATHS DUBLIN CITY 0—14 YEARS

	1947	1952	1957	1962	1963	1964	1965	1966	1967	1968
Pulmonary Tuberculosis	27	6	1	—	—	—	1	—	—	—
Tuberculous Meningitis	81	17	4	2	1	—	—	—	1	—
Other forms	30	2	1	—	—	2	—	1	—	—
TOTAL	138	25	6	2	1	2	1	1	1	—

The success of the BCG campaign is the more remarkable because tuberculosis infection in this City is still a relatively serious risk during childhood. The annual number of new cases in the older age groups has remained almost constant during the last few years. We have approximately 400 new cases (approximately 50 cases per 100,000 persons) each year compared with Denmark, Norway and Sweden which have only 20 cases per 100,000 persons. (Scandinavian Journal of Respiratory Diseases 1968). Our much higher figures show the comparative risk to which our City children are exposed.

The routine in Dublin is to give BCG vaccination to new born in the Maternity Hospitals and Nursing Homes. During 1968, 17,535 were vaccinated as infants. Children from 10 years upwards are tuberculin tested and BCG vaccinated in the schools so that there are very few children in the City who have not had the benefit of this vaccination. All positive reactors found in school surveys are X-rayed. If a case of tuberculosis is notified from a school, the children are X-rayed, tuberculin tested and BCG vaccinated if negative. With this care no epidemic of tuberculosis has occurred in our schools. This system provides against the possibility of so called tuberculosis explosions which occur in countries such as Holland where BCG vaccination is not so fully practised.

During the year three cases of tuberculosis occurred in three separate schools in the City, but following full investigation at these schools it was found that a large percentage of children had been previously vaccinated. Those whose tuberculin tests were negative were BCG vaccinated. No other cases occurred in any of these schools.

With the success achieved, we have hopes that soon tuberculosis will be eradicated finally. Holm considers this a realistic possibility and that the elimination of tuberculosis as a public health problem will be realised when less than 1% of 14 year old school children are naturally positive to the tuberculin test.

The natural tuberculin positivity rate of school children in the Dublin Health Authority area is shown in the following table.

TABLE II

TUBERCULIN SURVEYS DUBLIN HEALTH AUTHORITY AREA 1968 10—14 YEARS

Age	Number Tested	Percentage Positive
10 years	749	5·0 (5·1)
11 ,, ...	1,744	4·4 (5·8)
12 ,, ...	1,737	6·2 (7·7)
13 ,, ...	1,236	9·4 (10·7)
14 ,, ...	641	19·0 (19·4)
Total	6,137	7·7 (8·2)

Previously BCG vaccinated children are not included in this table. The 1967 percentages are given in brackets for comparison.

Although these figures continue to indicate the decrease in tuberculin sensitivity which we have observed for some years they are much in excess of the figure from Norway where only 2% of children at 12 years of age are naturally tuberculin positive.

Because of this decrease in tuberculin sensitivity, it was possible to vaccinate an increased number in these age groups. The same applies to the young adult age group as it was possible to vaccinate 692 young adults, from 15-30 years of age compared with 327 in 1967.

The next table shows the tuberculin positivity in young adults 1968.

TABLE III

PERCENTAGE TUBERCULIN POSITIVE—YOUNG ADULTS 1968

Year	15—19 Years	20—24 Years	25—29 Years
1964	50·2%	62·7%	78·0%
1967	46·3%	52·0%	68·0%
1968	30·2%	49·0%	61·0%

After 30 years of age so many people are naturally infected that tuberculin surveys yield few suitable candidates for vaccination, for instance in 1968, 16 persons over 30 years of age were tested and only 1 was found suitable.

The number of BCG vaccinations in 1968 is given in the following table.

BCG Scheme:

Centre	No. Vaccinated
Rotunda Hospital	4,404
Coombe Hospital	3,995
St. Kevin's Hospital	899
Clinics and Schools	10,018
Total	19,316

The following figures have been supplied by the National BCG Committee.

Centre	No. Vaccinated
Holles Street	4,026
Maternity Hospitals (Co. Dublin)	971
Maternity and Nursing Homes	3,240
St. Ultan's Clinic and Unit	579
Outside Sessions Dublin City	4
County Dublin Clinics	163
Total	8,983

The total number of BCG vaccinations in 1968 totalled 28,299 which is an increase for this year. The increase in the number of vaccinations this year is accounted for by the extension of the scheme to Dun Laoghaire Borough and County Dublin and the opening of additional clinics at Ballymun, Coolock, Perrystown and Raheny and to decrease in tuberculin positivity.

Children who were vaccinated as infants are followed up by tuberculin testing at school leaving age and re-vaccinated if necessary.

We welcome this new record of no childhood death from tuberculosis and with continual care we hope that this will mark a new era in childhood tuberculosis in this City. Whilst we accept this new record with gratitude we recognise that much of the success is due to the co-operation of parents and teachers, to the staffs of the maternity hospitals, to the help received from all concerned with child health in the area.

A word of thanks is expressed to the staff of the B.C.G. Clinic who have worked so arduously to achieve this record in 1968, and to the clerical staff of the Immunisation Service who have maintained such careful records.

VERGEMOUNT FEVER HOSPITAL

Dr. L. M. Cusack, L.R.C.P. & S.I., D.C.H. & L.M.

Acting Medical Superintendent

The total number of admissions for the year was 1,677. There were 81 patients in the hospital at the close of the year 1967, and the total number under treatment was 1,758. The number discharged cured was 1,646, and the number died was 25 giving a mortality rate of 1.42%.

The number of admissions shows an increase of 109 over last year with gastro enteritis still heading the list. The ever increasing demand for beds for infectious cases, especially gastro enteritis, is clearly seen from the following figures.

Total admissions in 1960—1,190
1961—1,147
1962—1,257
1963—1,367
1964—1,292
1965—1,439
1966—1,579
1967—1,568
1968—1,677

We have had therefore one of the busiest years at the hospital, and this trend is likely to continue as the city continues to grow in size.

Conditions generally in the hospital were good over the year, and the recommendations of the Visiting Committees have been carried out in most instances.

Many thanks are due to the medical, nursing and administration staff for their co-operation and loyalty during the year.

TABLE 1

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEAR ENDING 31ST DECEMBER, 1968

Disease	1968	Number Died	Case Mortality
Gastro Enteritis .... (545 under 2 and 91 over 2)	636	10	1·57
Measles	264	—	—
Scarlet Fever	28	—	—
Varicella	26	—	—
Pneumonia	57	10	17·54
Acute Tonsillitis/Strep. Throat	30	—	—
Acute Enteritis	13	—	—
Infective Hepatitis	171	—	—
Croup	24	—	—
Pertussis	37	—	—
Dysentery	26	—	—
Influenza	33	—	—
Scabies	18	—	—
Meningitis	21	1	4·76
Mumps	23	—	—
Impetigo Contagiosa	13	—	—
Rubella	11	—	—
Salmonella Stanleyville	95	—	—
U.R.T.I.	11	—	—
Ringworm	18	—	—
Miscellaneous	262	4	1·52
Total	1,817	25	1·49 (for 1,677 Cases)

NOTE : The discrepancy between the above total (1,817) and the total number of admissions (1,677) arises from the fact that 140 patients were admitted with two infectious diseases.

SCARLET FEVER

There were 28 cases admitted, a decrease of 44 on the previous year—no deaths were recorded. Of all the cases admitted there were no undue complications.

MEASLES

Two hundred and sixty four cases were admitted. This shows an increase of 62 over the previous year, and no deaths were recorded.

PERTUSSIS

There were 37 cases of pertussis admitted during the year.

Table 2 shows classification of this disease in age groups. There were no deaths.

TABLE 2

0-6 mths.	6 mths to 1 yr.	1-2 years	over 2
7	7	10	13

MENINGITIS

There were 21 cases of meningitis admitted, an increase of 12 over the previous year. One death was recorded, a baby of 11 months which had haemophilus influenzal meningitis.

Lymphocytic Meningitis	6
Pneumococcal Meningitis	1
Purulent Meningitis	1
Meningococcal Meningitis	3
Meningism	9
Haemophilus Influenzal Meningitis	1

INFECTIVE HEPATITIS

There were 171 cases admitted, an increase of 27 over the previous year. I am glad to say all these recovered, and there were no complications.

DYSENTERY

During the year 26 cases were admitted, an increase of 14 over 1967. All responded well to treatment and were discharged free from infection.

Shigella Sonnei Dysentery	25
Shigella Flexner Dysentery	1

PNEUMONIA

There were 57 cases admitted, a decrease of 7 over the previous year. There were 10 deaths, showing a mortality rate of 17.54% compared with 1.56% the preceding year.

Deaths were classified as follows :

Virus Pneumonia	5
Influenzal Pneumonia	2
Acute Bilateral Broncho Pneumonia	2
Broncho Pneumonia & Gastro Enteritis + Malnutrition	1

GASTRO ENTERITIS

This disease again headed the list with 636 admissions showing an increase of 223 cases over last year. There were 10 deaths, one more than last year giving a mortality rate of 1.57% compared with 2.17%. Four of the deaths were under 2 months, 5 were under 6 months, and one was 2 years and 3 months. As already reported there was an increasing demand for beds particularly for gastro entertitis cases and Cubicle I which up to this cared also for miscellaneous cases. was reserved solely for the treatment of gastro enteritis. This means that two of our units are fully occupied in the treatment of this disease.

Table 3
Cases of Gastro Enteritis classified in Age Groups.

0-6 mths.	6 mths.-1 yr.	1-2 yrs.	Over 2
254	139	152	91

110 cases were positive for E. Coli OIII, 24 for E. Coli 0125, 6 for E. Coli 0126, 1 for E. Coli ·026, 4 for E. Coli ·0555, 2 for E. Coli ·086, 2 for E. Coli 0119.

The most toxic gastro enteritis were those of the E. Coli 0111 strain.

Salmonella Infection

There were 95 cases admitted compared with 3 last year. All were of the Salmonella Stanleyville origin. A baby of four months who died principally of gastro enteritis had also organisms of Salmonella Stanleyville.

Miscellaneous

262 cases were admitted which were non-infectious—a decrease of 53 over the previous year. There were 4 deaths showing a mortality rate of 1.52% compared with 0.63% last year.

Deaths were as follows :

(1) Male of 67 years from acute heart failure + gastro enteritis.
(2) Child of 3 weeks from obstructive jaundice and congenital heart.
(3) A female of 39 with viral encephalitis.
(4) Male of 62 years with coronary thrombosis and clinical colitis.

CHERRY ORCHARD HOSPITAL, BALLYFERMOT

F. C. O'Herlihy

Resident Medical Superintendent

During the year ending 31st December 1968, 2,361 patients were admitted to the wards from Dublin City and County and 2,312 were discharged. There were 49 deaths, giving a general case fatality rate of 2.08%.

There was no unusual epidemiological feature in the year under review. The admissions of cases of gastro-enteritis in infants accounted for almost one-third of our total admissions, although the number was 109 less than in 1967.

For the third successive year since mass immunisation with oral poliomyelitis vaccine was introduced, no case of poliomyelitis was admitted to the wards. Other welcome features were the absence of diphtheria cases among our admissions, and the fact that no deaths occurred from whooping cough; and only one death occurred from bronchopneumonia complicating measles. This was an infant, aged 2 years, who was an epileptic and mentally retarded.

Measles

There were 285 cases of measles and its complications admitted to the wards, one of whom died, giving a case fatality rate of 0·35%.

The fatal case, an infant of 2 years, was an epileptic and mentally retarded and died three days after admission from bronchopneumonia.

Seven of the cases had other conditions in addition to measles, viz. chickenpox (2), salmonellosis (Salm. Stanleyville) (2) and one each of whooping cough, Bac. dysentery (Sh. Flexneri) and lobar pneumonia.

The following complications occurred among the 284 cases who recovered :

Bronchopneumonia	32
Gastro-enteritis	22
Laryngotracheobronchitis	2
Encephalitis	2
Otitis media	2
Encephalomyelitis	1
Ulcerative stomatitis	1

WHOOPING COUGH

There were 62 cases of whooping cough treated in the wards, all of whom recovered.

Three of the cases had other conditions in addition to whooping cough, viz. chickenpox (2) and salmonellosis (no organism isolated) (1).

The following complications occurred among the cases treated:

Gastro-enteritis	8
Bronchopneumonia	3
Otitis media	1

The age grouping of the whooping cough cases is set out in Table I.

TABLE I

	Months 0—6	6 Mths. to 1 Year	Years 1—2	Years 2—5	Over 5 years	Totals
RECOVERED :						
Male	12	9	3	7	2	33
Female	10	11	5	1	2	29
TOTALS	22	20	8	8	4	62

ENTERITIS AND GASTRO-ENTERITIS

There were 746 cases of gastro-enteritis treated during the year, of whom 26 died, a case fatality rate of 3.49%.

Four of the 26 cases of gastro-enteritis were moribund on admission; two of these, aged 7 months and 5 months, had bronchopneumonia in addition to gastro-enteritis and died within seven hours and seventeen hours of admission, respectively; another, with Down's syndrome, died fifteen minutes after admission; and the fourth, an infant of 2 weeks, died within twelve hours of admission.

Of the remaining 22 fatal cases, 7 had other conditions in addition to gastro-enteritis, viz. Down's syndrome (4); basal pneumonia, mesenteric adenitis and double left urether (post mortem findings) (1); bronchopneumonia (1) and anaemia and hepatitis.

The age grouping is set out in the following table :

TABLE II

	1 month and under	Over 1 month and under 1 year	Years 1—2	Years Over 2	Totals
RECOVERED :					
Male	31	254	89	32	406
Female	22	201	70	21	314
DIED :					
Male	4	9	1	—	14
Female	2	10	—	—	12
Total	59	474	160	53	746

BACTERIAL ENTERITIS

There were 251 cases admitted, 1 of whom died, a case fatality rate of 0.39%.

The fatal case, a mentally defective boy of 16 years, with Bac. dysentery (Sh. Sonnei) died seven days after admission.

The infections were classified as follows :

Bac. dysentery (Sh. Sonnei 57; Sh. Flexneri 10)	74
Salmonellosis (Salm. Stanleyville 27; Typhimurium 3)	69
Food Poisoning	6
Enterocolitis (no organism isolated)	102

The age incidence was as follows :

TABLE III

	Years 0—5	Years 5—10	Years 10—15	Years 15—25	Years 25—45	Years over 45	Totals
RECOVERED :							
Male	51	36	11	15	18	10	141
Female	30	14	4	35	11	15	109
DIED :							
Male	—	—	—	1	—	—	1
Female	—	—	—	—	—	—	—
TOTALS	81	50	15	51	29	25	251

TABLE IV

Showing the number of Admissions of the Principal Diseases and the number of Deaths amongst the Cases admitted from Dublin City and County during the year ending 31st December, 1968.

Disease	No. of Admissions	No. of Deaths	Case Fatality %
Scarlet Fever	36	—	—
Diphtheria	—	—	—
Measles (and complications)	285	1	0·35
Whooping Cough (,,)	62	—	—
Erysipelas	10	—	—
Enteric Fever (Salm. typhi Carrier)	1	—	—
Puerperal Sepsis	2	—	—
Lobar Pneumonia	5	1	20·00
Bronchopneumonia	26	2	7·69
Virus Pneumonia (post-mortem findings)	2	2	100·00
Influenza	107	—	—
Influenzal Pneumonia	1	—	—
Meningococcal Meningitis	6	—	—
Pneumococcal Meningitis	9	3	33·33
Lymphocytic Meningitis	8	—	—
Staphylococcal Meningitis	1	1	100·00
Salmonella (Typimurium) Meningitis	1	—	—
Pyogenic (13 no organism recovered; 1 E Coli recovered—died)	14	1	7·14
Rubella	15	—	—
Mumps	50	—	—
Chickenpox	63	—	—
Acute Anterior Poliomyelitis	—	—	—
Encephalitis and other Infections of C.N.S.	3	—	—
Gastro-enteritis	746	26	3·49
Tuberculosis (non-meningitic)	1	—	—
Tonsillitis and Quinsy	208	—	—
Buterine Enteritis	251	1	0·39
Infective Hepatitis	125	—	—
Infectious Mononucleosis	32	—	—
Brucellosis	1	—	—
Malaria (2 benign tertian; 1 vivax)	3	—	—
Other Diseases (non-infectious conditions)	287	11*	3·83
TOTAL	2,361	49	2·08

*Subarachnoid Haemorrhage	2
Cerebral Thrombosis and Senility	2
Aplastic Anaemia and Gastro-enteritis	1
Aplastic Anaemia and Salmonellosis (Salm. Stanleyville)	1
Cerebral Tumour (post-mortem findings)	1
Brain Abscess, Lobar Pneumonia and agenesis of left kidney (post-mortem findings)	1
Septicaemia (E. Coli infection), Septic Meningitis (E. Coli infection) Gastro-enteritis (E. Coli infection) and Malabsorption syndrome	1
Stevens Johnson syndrome, malabsorption syndrome and infective Gastro-enteritis	1
Acute Asthmatic Bronchitis	1

TUBERCULOSIS

Dr. Colm S. Gallen

In 1968, deaths from all forms of tuberculosis reported as having occurred in patients resident in Dublin City, numbered 64, a slight increase on last year's figure of 60. Pulmonary deaths among the females started in the 44-49 age groups, and were distributed more or less evenly in five year aged groups up to 80 plus. Among the males the usual pattern was apparent. In five year age groups, the number of deaths rose to a peak between 55 and 64 years and fell away similarly. There were 4 deaths from non-pulmonary disease—one of these, a 56 year old female, died from meningitis. There were no meningitis deaths in the under 15 year olds.

CITY	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—74	75—79	80 +
Pulmonary :											
Male	1	1	5	2	4	7	8	5	5	4	2
Female	—	—	2	1	2	2	2	1	1	3	2
Non-Pulmonary:											
Male						1 (glands)	—	—	—	—	—
Female						1 (Meningitis)	1 (Spine)	—	—	1 (Spine)	—

Adult Disease

For the third consecutive year I must report an increase in pulmonary diseases in adults over the figures for the previous year. There were 358 cases reported, 12 more than in 1967. The increase, as last year, is confined to the females—the males showing a slight drop again, as last year. I show below a table setting out these facts together with the percentage in each sex, under the headings of bacteriological status and presence of cavitation in the X-ray, for the three years concerned.

	Total Pulmonary	Male	Positive Bacteriology	X-Ray Cavitation
1968	358	212	40·5%	29%
1967	346	216	38·9%	26%
1966	341	224	39·4%	30%

	Female	Positive Bacteriology	X-Ray Cavitation
1968	146	32%	26%
1967	130	35%	16%
1966	117	37·5%	12%

The Registrar General credits 75 deaths to the City, 10 deaths to the County and 9 deaths to Dun Laoghaire.

It can be noted that the increased number of female cases was accompanied by a marked increase in those showing cavitation on X-ray. Together with the male positivity rate all these factors show that pulmonary tuberculosis in the City, though contained, still demands vigilant and vigorous action if the goal of eradication is to be reached in the near future. The male cases in 5 year age-groupings are again haphazardly distributed, percentage per group varying between 5.7% and 12.4%. 53% of the cases fall between 35 and 64 years of age, while 31% were between 15 and 34 years.

Below I show in table form this breakdown over the past 6 years.

	15-34	35-64
1968	31%	53%
1967	37%	47%
1966	27·1%	59·5%
1965	30·9%	57·6%
1964	37·6%	47·4%
1963	31·2%	57·8%

X-ray findings among the male new cases show that unilateral non-cavitatory disease together with primary disease and pleurisy, accounted for 42% (38.9 % last year). Bilateral non-cavitatory disease brings the total to 66% (74% last year).

As in the last year the age group distribution of the new cases among females is in the classical mould, with a spike at the 20-24 age groups. The highest percentage—20 cases or 13.8%, occurs in the 20-24 age group.

Unilateral non-cavitatory disease with primaries and pleurisies among the females total 53%. The addition of bilateral non-cavitatory disease brings the figure to 73%.

Non-Pulmonary New Cases

At 73 total, and a male : female ratio of approximately 2 : 3, the 1966 figures are similar to those of 1967. In the males at 15 cases, genito-urinary conditions together with cervical gland infections, 6 cases, make up 87% of the number.

Among the females, the cervical gland cases at 21 and the combined abdominal, genital and renal cases, numbering 18, make up the bulk of the figure. There were two adult female meningitis cases, both referred from outside hospitals, one with con-commitant pulmonary disease—a 16 year old.

NEW TUBERCULOSIS DIAGNOSES 1957–68—GROSS FIGURES

	Pulmonary		Non-Pulmonary		Total	Primary Clinic	Deaths Total
	M	F	M	F			
1957	403	343	45	97	888	278	139
1958	383	268	56	72	779	229	122
1959	373	259	51	105	788	269	99
1960	371	217	43	68	699	110	105
1961	326	190	52	64	632	162	109
1962	304	191	42	75	612	149	71
1963	255	179	47	66	547	123	111
1964	247	161	30	74	512	124	84
1965	207	126	29	49	411	90	61
1966	224	117	28	51	420	83	77
1967	216	130	31	49	426	67	60
1968	212	146	24	49	431	80	64

Discovery of New Cases of Adult Disease

Hospital or Sanatorium	51%
Applied	4%
Private Doctor	23%
Mass Radiography	22%

The services from which new patients reach the clinics are set out above. The relative positions of Mass Radiography and Hospitals have reverted to those of 1966.

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS.
1968—DUBLIN CITY—MALES

	Children—(Primary)					Adults													Gr'nd Total
	–1	1–4	5–9	10–14	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70 +	Total	
Positive Direct	–	–	–	–	–	1	1	5	4	2	6	1	3	4	5	4	3	39	39
Positive Culture	–	–	–	–	–	1	5	3	2	3	3	4	2	12	4	4	5	48	48
Positive L. Swab	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Negative direct, no sputum, etc.	–	9	12	16	37	9	9	6	7	2	4	5	7	8	3	5	5	70	107
Negative Culture	–	–	–	–	–	–	1	2	6	7	11	7	5	3	–	2	4	48	48
Negative L. Swab	–	–	–	–	–	1	1	1	–	1	–	1	2	–	–	–	–	7	7
Totals	–	9	12	16	37	12	17	17	19	15	24	18	19	27	12	15	17	212	249
Primary Disease :																			
(a) Bipolar	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Unipolar	–	7	9	11	27	2	–	–	–	–	–	–	–	–	–	–	–	2	29
(c) Unipolar with lung infection	–	1	2	4	7	2	2	–	–	–	–	–	–	–	–	–	–	4	11
Pleural Effusion	–	–	1	–	1	1	1	2	2	2	2	–	1	1	–	–	–	12	13
No Pathology (High Mantoux reaction)	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1
Unilateral disease	–	–	–	–	–	–	8	5	8	4	11	10	7	8	4	3	3	71	71
Bilateral disease	–	–	–	1	1	2	3	2	6	4	7	4	5	9	5	8	5	60	61
Unilateral disease with unilateral cavitation	–	–	–	–	–	4	2	4	1	2	2	3	3	5	1	1	2	30	30
Bilateral disease with unilateral cavitation	–	–	–	–	–	–	1	3	2	2	2	–	2	4	2	3	4	25	25
Bilateral disease with bilateral cavitation	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	3	4	4
Miliary	–	1	–	–	1	–	–	1	–	1	–	1	–	–	–	–	–	3	4
Totals	–	9	12	16	37	12	17	17	19	15	24	18	19	27	12	15	17	212	249

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS 1968—DUBLIN CITY—FEMALE

	Children (Primary)					Adults													Gr'nd Total
	–1	1–4	5–9	10–14	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70 +	Total	
Positive Direct	–	–	–	–	–	1	3	–	4	2	2	2	1	1	2	–	–	18	18
Positive Culture	–	–	–	–	–	4	5	2	4	3	3	2	1	2	–	–	3	29	29
Positive L. Swab	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Negative direct, no sputum, etc.	2	5	7	7	21	10	8	6	3	5	3	4	7	1	6	5	4	62	83
Negative Culture	–	–	1	–	1	2	3	4	2	4	2	1	4	3	2	2	2	31	32
Negative L. Swab	–	–	–	3	3	2	1	–	–	–	–	1	–	–	–	1	1	6	9
Totals	2	5	8	10	25	19	20	12	13	14	10	10	13	7	10	8	10	146	171
PRIMARY DISEASES :																			
(a) Bipolar	1	–	2	–	3	–	1	2	–	–	–	–	–	–	–	–	–	3	6
(b) Unipolar	–	3	3	6	12	3	1	1	–	–	–	–	–	–	–	–	–	5	17
(c) Unipolar with lung infection	–	2	1	3	6	–	–	1	–	–	–	–	–	–	–	–	–	1	7
Pleural Effusion	–	–	1	1	2	5	1	1	1	1	–	–	2	–	–	–	–	11	13
No Pathology pos. Mantoux	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	1
Unilateral disease	–	–	–	–	–	6	8	6	2	6	3	4	6	2	5	4	6	58	58
Bilateral disease	–	–	–	–	–	1	2	1	3	5	4	2	1	2	2	2	4	29	29
Unilateral disease with unilateral cavitation	–	–	–	–	–	1	5	–	5	1	3	3	3	2	2	2	–	27	27
Bilateral disease with unilateral cavitation	–	–	1	–	1	2	1	–	–	1	–	1	1	–	–	–	–	6	7
Bilateral disease with bilateral cavitation	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1	–	–	3	3
Miliary	1	–	–	–	1	1	–	–	1	–	–	–	–	–	–	–	–	2	3
Totals	2	5	8	10	25	19	20	12	13	14	10	10	13	7	10	8	10	146	171

TABLE SHOWING NEW CASES OF NON-PULMONARY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION—1968—CITY

MALES	CHILDREN PRIMARY					ADULTS													Gr'nd Total
	–1	1–4	5–9	10–14	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+	Total	
Meningitis	–	1*	–	–	1*	–	–	–	–	–	–	–	–	–	–	–	–	–	1*
Abdominal	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Bones and Joints :																			
(a) Spine	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1
(b) Hip	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(c) Knee	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(d) Other joints	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other skin	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	2	2
Cervical Adenitis	–	1	1	1	3	1	2	–	–	–	1	–	–	1	–	1	–	6	9
Genito-Urinary	–	–	–	–	–	–	2	2	–	–	4	2	1	1	2	–	1	15	15
Totals	1	2	1	1	5	2	4	2	–	1	5	3	1	2	2	1	1	24	29
FEMALES																			
Meningitis	–	–	–	–	–	1*	–	–	1	–	–	–	–	–	–	–	–	1	1
Abdominal	–	–	–	–	–	–	–	2	–	–	–	1	–	1	1	–	–	5	5
Bones and Joints :																			
(a) Spine	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1
(b) Hip	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	2	2
(c) Knee	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1
(d) Other joints	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	2	2
Lupus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1
Other	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	2	2
Cervical Adenitis	–	–	–	2	2	–	5	2	2	1	–	2	2	–	3	–	4	21	23
Genito Urinary	–	–	–	–	–	–	1	3	–	1	–	4	1	2	–	1	–	13	13
Totals	–	–	–	2	2	1*	7	7	4	3	1	9	3	3	5	3	4	49	51

*The cases indicated thus have not been included in the totals of Non-Pulmonary disease, as they have pulmonary conditions and were included in the Pulmonary totals.

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS.
CO. DUBLIN, INCLUDING DUN LAOGHAIRE—MALES, 1968

	Children (Primary)					Adults													Gr'nd Total
	–1	1–4	5–9	10–14	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+	Total	
Positive Direct	–	–	–	–	–	–	1	–	1	–	1	–	1	–	–	–	–	4	4
Positive Culture	–	–	–	–	–	1	1	–	–	2	1	4	1	2	2	3	1	18	18
Positive L. Swab	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Negative direct, no sputum	1	1	7	4	13	5	2	3	–	4	–	2	1	2	3	2	3	27	40
Negative Culture	–	–	–	–	–	–	1	1	1	3	2	–	1	–	–	2	–	11	11
Negative L. Swab	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals	1	1	7	4	13	6	5	4	2	9	4	6	4	4	5	7	4	60	73
Primary Disease :																			
(a) Bipolar	–	–	1	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	3
(b) Unipolar	–	–	3	–	3	–	–	1	–	–	–	–	–	–	–	–	–	1	4
(c) Unipolar with lung involvement	–	1	2	1	4	2	–	–	–	–	–	–	–	–	–	–	–	2	6
Pleural effusion	–	–	–	1	1	–	1	1	–	2	1	1	–	1	–	–	–	7	8
No pathology on X-Ray	1	–	–	–	1	–	–	–	–	1	–	–	–	–	–	–	–	1	2
Unilateral disease	–	–	1	–	1	–	1	–	1	2	–	4	1	1	3	2	–	15	16
Bilateral disease	–	–	–	–	–	2	1	1	–	3	2	–	2	2	1	4	3	21	21
Unilateral disease with unilateral cavitation	–	–	–	–	–	1	–	–	1	1	1	–	–	–	1	–	–	5	5
Bilateral disease with unilateral cavitation	–	–	–	–	–	1	1	–	–	–	–	1	1	–	–	1	1	6	6
Bilateral disease with bilateral cavitation	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	2	2
Miliary disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals	1	1	7	4	13	6	5	4	2	9	4	6	4	4	5	7	4	60	73

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS.
CO. DUBLIN INCLUDING DUN LAOGHAIRE—FEMALE, 1968

	CHILDREN (Primary)					ADULTS													Gr'nd
	–1	1–4	5–9	10–14	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+	Total	Total
Positive Direct	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	1	3	3
Positive Culture	–	–	–	–	–	1	2	–	–	–	1	–	1	1	–	1	1	8	8
Positive L. Swab	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Negative direct, no sputum	–	–	1	1	2	–	1	–	2	–	2	–	1	–	–	–	1	7	9
Negative Culture	–	–	–	–	–	1	1	1	2	1	1	–	–	–	–	–	–	7	7
Negative L. Swab	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals	–	–	1	1	2	2	4	1	4	2	4	–	3	1	–	1	3	25	27
Primary disease :																			
(a) Bipolar	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(b) Unipolar	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1
(c) Unipolar with lung infection	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Pleural effusion	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1
No pathology on X-Ray	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1
Unilateral disease	–	–	–	–	–	–	2	1	3	2	–	–	1	1	–	–	1	11	11
Bilateral disease	–	–	–	–	–	1	1	–	1	–	2	–	1	–	–	1	1	8	8
Unilateral disease with unilateral cavitation	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–	–	–	3	3
Bilateral disease with unilateral cavitation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1
Bilateral disease with bilateral cavitation	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Miliary disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals	–	–	1	1	2	2	4	1	4	2	4	–	3	1	–	1	3	25	27

TABLE SHOWING NEW CASES OF NON PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS DUBLIN COUNTY, INCLUDING DUN LAOGHAIRE, 1969

	CHILDREN					ADULTS													
	–1	1–4	5–9	10–14	Total	15–19	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+	Total	Gr'nd Total
FEMALE, 1968																			
Meningitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Active: Spine	–	–	1	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	2
Knee	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1
Other Joints	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	2	2
Late effects: Spine	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1
Skin	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1
Lymphatic system	–	–	–	–	–	1	1	–	1	–	–	1	1	–	–	–	–	5	5
Genito Urinary	–	–	–	–	–	–	–	2	–	–	–	–	–	1	–	–	–	3	3
Totals	–	–	1	–	1	1	2	2	2	1	–	2	3	1	–	–	–	14	15
MALE, 1968																			
Meningitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Active: Spine	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	2	2
Hip	–	–	–	–	–	2	–	–	–	–	–	–	1	–	–	–	–	3	3
Other Joints	–	–	–	–	–	–	–	2	–	–	–	–	–	1	1	–	–	4	4
Late effects: Hip	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1
Erythema Nodosum	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Lymphatic system	–	–	–	–	–	1	–	1	1	1	–	–	–	–	1	–	1	6	6
Genito Urinary	–	–	–	–	–	1	2	2	2	1	–	–	–	–	1	–	–	9	9
Totals	–	–	1	–	1	4	3	5	4	3	–	–	1	1	3	–	1	25	26

TOTAL PATIENTS WITH DRUG RESISTANCE ON REGISTER
DECEMBER 31st, 1968.

Streptomycin	P.A.S.	I.N.A.H.	194	Patients	64%	resistant to 3 drugs
Streptomycin			36	,,		
	P.A.S.		3	,,	22%	,, ,, 1 drug
		I.N.A.H.	24	,,		
Streptomycin	P.A.S.		8	,,		
Streptomycin		I.N.A.H.	29	,,	14%	,, ,, 2 drugs
	P.A.S.	I.N.A.H.	5	,,		
267 89%	210 70%	252 84%	299	patients		

The total number of patients remaining on the Register on 31st December, 1968, who have been recorded as having, at any time, organisms in sputum resistant to one or other of the standard anti-tuberculosis drugs is 299. A seven year comparative figure is shown below.

YEAR	Total Registered Resistant Patients	Percentage Resistant to		
		Three Drugs	Two Drugs	One Drug
1962	240	45	15	35
1963	234	44	18	32
1964	209	45	21	34
1965	205	44	17	38
1966	194	40	18	42
1967	230	57	14	29
1968	299	64	14	22

DOMICILIARY AND AMBULANT THERAPY

S.P.I.	297	S.P.I.Ix	51
S.I.	11	P.I.Ix.	33
P.I.	348	I.Ix.	149
		S.I.Ix.	34
		M.	21

Total : 944

Key : S—Streptomycin; P—PAS; I—INAH; Ix—Isoxyl; M—Combination of Cycloserine, Isoxyl, INAH and Pyrazinamide.

	1961	1962	1963	1964	1965	1966	1967	1968
Patients on Chemotherapy	1,439	1,169	1,169	1,108	933	918	876	944

At 944, Domiciliary Chemotherapy patients number slightly more than last year. The usual major drug regimens make up the bulk of the treatment, and the minor drugs Cycloserine and Pyrazinamide, have been used sparingly.,

As I mentioned last year, more reliance is being placed in the Carbanilide Isoxyl, a total of over 260 patients being under treatment with it. It has similar effects to PAS without that drug's gastro-toxicity, and as far as can be seen from clinical evaluation, it is becoming one of the mainstays of the ambulant treatment of tuberculosis cases in our service, having an apparent efficiency in the prevention of emergence of new cases of resistance to the major drugs.

PATIENTS WHOSE DRUG RESISTANCE FIRST CAME UNDER NOTICE IN 1968

Streptomycin	P.A.S.	I.N.A.H.	10	Patients	25%	resistant to	3 drugs
Streptomycin			6	,,	—		
	P.A.S.		1	,,	—		
		I.N.A.H.	10	,,	45%	,, ,,	1 drug
Streptomycin	P.A.S.		3	,,	—		
Streptomycin		I.N.A.H.	9	,,	—		
	P.A.S.	I.N.A.H.	—	,,	30%	,, ,,	2 drugs
28	14	29	39	patients	100%		
72%	36%	73%					

Total attendances at Clinic during 1967	22,281
Total new attendances at Clinics	2,797
Number of Dwellings notified for Disinfection	477
Number of X-Rays taken in Charles St. Clinic	5,986
Number of X-Rays taken in Crumlin Health Centre	1,628
Number of X-Rays taken in Castle St. Clinic	7,916

The Oto-Laryngologist, Mr. M. O'Connor, held 28 sessions at Charles St. Clinic, and there were 412 attendances.

The Orthopaedic Surgeon, Mr. P. D. Murray, held 25 sessions at Charles St. Clinic and there were 99 attendances.

Mr. J. B. Casey, Surgeon Dentist, held 101 sessions at Charles St. Clinic and there were 788 attendances.

TUBERCULOSIS IN CHILDREN

The new childhood cases (up to 15 years) of tuberculosis numbered 68. Among these were 6 non-pulmonary including one meningitis, (there was also a case of miliary tuberculosis in the total given of pulmonary cases). These figures are of the same order as last year, but the diagnosis of two cases of miliary disease, one with meningitis, gives little excuse for complacency in this infectious disease area of tuberculosis control. Among the 68 cases above, 20 had had BCG in the past. There were a further 12 cases where, though they had had BCG also, ITU skin reactions of between 16 and 23 mm. were recorded. These cases were all in close contact with positive cases and were regarded as super-infected.

NEW DIAGNOSES

1951	802	1957	278	1963	123
1952	510	1958	229	1964	124
1953	534	1959	269	1965	90
1954	490	1960	110	1966	83
1955	400	1961	162	1967	67
1956	319	1962	160	1968	74

There were 6 cases of non-pulmonary disease, one of which was meningitis.

	1961	1962	1963	1964	1965	1966	1967	1968
Non-Pulmonary	37	14	17	16	3	6	4	6
Meningitis	3	5	1	2	—	—	2	1

In conclusion, I wish to express my sincere thanks to the Medical, Nursing, Clerical and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

JAMES CONNOLLY MEMORIAL HOSPITAL

Dr. Arthur J. Walsh

Medical Superintendent

During 1968 we had 1,811 patients who received treatment. The number of beds for geriatric cases was increased from 90 to 110 by taking over the 20-bed wing of the Children's Unit, thus reducing the tuberculosis complement by a similar amount. The bed allocation, therefore, was as follows :

Pulmonary Tuberculosis	366
Primary Tuberculosis (Children)	20
Non-T.B. Surgical Chest	28
Geriatric	110
	524

The day-to-day picture of the number of tuberculosis patients under treatment compared with the same picture for 1967 showed, in general, an increase in the number of any particular day in 1968. However, the difference between the two sets of figures was rarely more than 10, although on occasion it was as much as 25.

This day-to-day increase in the number of tuberculosis patients in 1968 was reflected rather among the male patients. On the contrary there was a decrease among the female patients and by the end of the year one of the units for female patients (40 beds) had been closed. An idea of the situation is given by the fact that 670 male adults and 261 female adults were admitted to the tuberculosis units in 1968, whereas in 1967 the figures were 619 and 298 respectively—an increase of 51 men in 1968 and a decrease of 37 women. Some of these admissions proved, on investigation, to be non-tuberculous but this fact did not lessen the demand for the beds.

In the same period when the occupation of tuberculosis beds was increased by 14, the number of beds available for tuberculous patients was reduced by 20 by the cession of that number to geriatric patients—an increased demand for a smaller number of beds. This did not seem to pose any problem until the report of the Hospitals Consultative Commission was published. This report envisaged the establishment of a General Hospital as part of this hospital. Preliminary discussions based on the recommendations of this report were aimed at providing an initial 120 beds for the proposed General Hospital, these beds to be deducted from our overall complement. Such a deduction would indeed pose a problem as the Health Authority has a statutory obligation to provide accommodation for tuberculosis patients. However, by the close of the year no moves had been made and the position is still open.

It is with profound regret that I report the unexpected death early in the year of Mr. C. D. O'Connell, our well-loved E.N.T. Surgeon. Nothing was ever too much trouble to him and his unfailing courtesy and ready sense of humour endeared him to all with whom he came in contact. We have lost an excellent Ear, Nose & Throat Surgeon and a very valued colleacgue.

ADMISSIONS AND DISCHARGES

The admissions, discharges and deaths during 1968 were as follows :

Number in Hospital 31/12/67	390
Number of Admissions	1,421
Number of Discharges	1,241
Number of Deaths	156
Number in hospital, 31/12/68	414

These figures cover all types of patient treated in the hospital, i.e. tuberculous cases, non-tuberculous surgical chest cases, non-tuberculous medical cases sent in on suspicion of having tuberculosis and, finally, geriatric cases.

ADMISSIONS

Of the 1,421 admissions 961 were admitted to the Tuberculosis Units. The following table is an analysis of these figures :

	Male	Female	Total
Pulmonary Tuberculosis	517	167	684
Non-Pulmonary Tuberculosis	9	13	22
Adult Primary Tuberculosis	7	4	11
Children—Primary Tuberculosis	14	16	30
Observation and Investigation	137	77	214
	684	277	961

It will be noted from the above that 214 patients were admitted for "observation and investigation". These patients all presented symptoms or histories suggesting the possibility of tuberculous infection, but in the final event their illness was found to be unrelated to tuberculosis. There were other patients admitted for "observation and investigation" who were found to be suffering from tuberculosis. These are not recorded separately from the other tuberculosis patients.

It will be noted also that 717 adult tuberculosis cases were admitted, graded as follows :

C	Pulmonary Tuberculosis	684
	Non-Pulmonary Tuberculosis	22
	Adult Primary Tuberculosis	11

Classification of Pulmonary T. B. Cases

	Male	Female	Total
A1	23	10	33
A2	151	63	214
A3	19	5	24
B1	9	3	12
B2	277	76	353
B3	38	10	48
	517	167	684

The above classification is that used by the British Ministry of Health. The classification of the same cases following the system of the U.S. National Tuberculosis Association shows the following :

	Male	Female	Total
Unilateral :			
Minimal	25	11	36
Moderate	129	62	191
Advanced	17	7	24
Bilateral :			
Minimal	7	2	9
Moderate	288	71	359
Advanced	51	14	65
	517	167	684

Classification of Non-Pulmonary T.B. Cases:

		Male	Female	Total
A	Skeletal	2	1	3
	Abdominal	0	1	1
	Other Organs	3	4	7
	Peripheral Glands	2	2	4
B	Skeletal	0	0	0
	Abdominal	0	0	0
	Other Organs	1	4	5
	Peripheral Glands	1	1	2
		9	13	22

These were all adult cases and, as is implied from their description, none of them had any demonstrable pulmonary lesion. Of these 22 cases 12 had their lesions in "other organs". These 12 were all renal cases and were sent in from the Genito-Urinary Department of one or other of the General Hospitals.

AGE GROUPS

As noted already 717 adult cases of tuberculosis were admitted, including pulmonary, non-pulmonary and adult primary cases. These cases fall into the following age groups :

	Male	Female	Total
15—24 years	46	30	76
25—34 ,, ...	26	21	47
35—44 ,, ...	64	29	93
45—54 ,, ...	123	39	162
55—64 ,, ...	145	32	177
65—74 ,, ...	96	23	119
75 years and over	33	10	43
	533	184	717

All the adult primaries were in the "15-24" age group.

235 of these admissions were newly diagnosed cases, i.e. they had had no treatment for tuberculosis until their admission to this hospital. These newly-diagnosed cases fell into the following age groups :

	Male	Female	Total
15—24 years	30	21	51
25—34 ,, ...	17	12	29
35—44 ,, ...	20	11	31
45—54 ,, ...	29	13	42
55—64 ,, ...	25	12	37
65—74 ,, ...	25	11	36
75 years and over	6	3	9
	152	83	235

These figures for newly-diagnosed cases show the following percentages :

	1968	1967	1966
Between 15 and 24 years	21·7%	29·1%	21·8%
Over 55 years	34·9%	28·04%	24·1%
Over 65 years	19·1%	14·3%	10·4%

Also these figures suggest that whereas the incidence of new cases among patients of the 15-24 years age-group remains fairly steady, the older age-groups are yielding an increasing number. This probably represents, not so much an increasing number of actual new cases in the higher age-groups, as an increasing realisation that the chronic cough, hitherto dismissed lightly as "bronchitis", may in fact be tuberculous.

PRIMARY TUBERCULOSIS

As might be expected, the majority of these 41 cases were children, but 11 cases (7 males and 4 females) were of the 15 to 24 years age group. The age groups of all the cases were as follows :

	Boys	Girls	Total
Under 6 months	0	1	1
6 mths.—1 year	1	1	2
1—2 years	1	0	1
2—4 years	2	1	3
5—9 years	8	9	17
10—14 years	2	4	6
15—24 years	7	4	11
	21	20	41

DISCHARGES

Discharges and deaths from the tuberculosis units amounted to 937 made up as follows :

	Male	Female	Total
Pulmonary Tuberculosis	485	169	654
Non-Pulmonary Tuberculosis	14	15	29
Adult Primary Tuberculosis	5	3	8
Children Primary Tuberculosis	13	20	33
Non-Tuberculous	138	75	213
	655	282	937

TREATMENT

Treatment of almost all T.B. cases consisted of some form of anti-tuberculosis chemotherapy. The three standard drugs—Streptomycin, PAS and INAH—used in combination, formed the basic line of treatment. Deviation from this standard was necessitated where bacterial resistance or drug hypersensitivity demanded. As "second line" drugs, Isoxyl, Prothionamide, Pyrazinamide and Ethambutol were the principal ones used.

As for surgical treatment, the number of major operations for pulmonary tuberculosis fell from the 25 in each of the years 1966 and 1967 to 16 in 1968. This follows the general trend and in consequence the great majority of our operations were for non-tuberculous chest conditions.

RESULTS OF TREATMENT

In the following tables the pulmonary tuberculosis patients' response to treatment is set out against the extent of the chest lesion on admission to hospital.

MALES

Disease On Admission	Quiescent	Improved	Unchanged	Worse	Died	Total
Unilateral :						
Minimal	15	8	1	—	—	24
Moderate	41	57	19	—	7	124
Advanced	2	8	1	1	4	16
Bilateral :						
Minimal	3	2	1	—	—	6
Moderate	107	96	37	1	26	267
Advanced	11	20	5	—	12	48
	179	191	64	2	49	485

FEMALES

Disease On Admission	Quiescent	Improved	Unchanged	Worse	Died	Total
Unilateral :						
Minimal	7	1	—	—	—	8
Moderate	35	34	5	—	3	77
Advanced	—	4	—	—	—	4
Bilateral :						
Minimal	—	1	—	—	1	2
Moderate	24	34	2	—	9	69
Advanced	1	2	3	—	3	9
	67	76	10	—	16	169

The results of treatment among the 248 new cases discharged were as follows :

	Males.	Females	Total
Quiescent	25	23	48
Improved	97	71	168
Unchanged	14	5	19
Worse	2	0	2
Died	9	2	11
	147	101	248

SPUTUM CHANGES

The presence or absence of M. Tuberculosis in the sputum of the 654 cases of pulmonary tuberculosis discharged is shown in the table below, and the conditions on discharge is related to the condition on admission.

Admission		Discharge	Males	Females	Total
Pos.	—	Pos.	35	4	39
Neg.	—	Pos.	0	0	0
Neg.	- Pos. -	Neg.	6	1	7
Pos.	—	Neg.	116	50	166
Neg.	—	Neg.	312	88	400
Nil	—	Nil	16	26	42
			485	169	654

OTHER PATIENTS

There were 213 medical patients suffering from non-tuberculous conditions.

Acute Respiratory Infection	5
Acute Lymphoblastic Leukaemia	1
Auricular Fibrillation	1
Bronchial Asthma	1
Bronchiectasis	31
Bronchogenic carcinoma	34
Carcinoma of the Larynx	1
Carcinoma of Lip	1
Cerebral Embolism	1
Chronic Bronchitis	51
Cystic Lung	1
Emphysema	15
Empyema	1
Epistaxis	1
Hodgkin's Disease	1
Hypertension	6
Lipoid Granuloma	1
Peptic Ulcer	1
Pneumonia	22
Pulmonary Embolism	1
Pyelitis	2
Rheumatic Pleurisy	1
Sarcoidosis	22
Spontaneous Pneumothorax	10
Subacute Myocarditis	1
	213

SURGICAL TREATMENT :

The following are the major operations and minor procedures carried out in 1968.

Operations	T.B.	Non-T.B.	Total
Thoracoplasty 1st Stage	1	0	1
Thoracoplasty 2nd Stage	1	0	1
Correctoplasty	1	0	1
Lobectomy	3	32	35
Segmental Resection	2	5	7
Pneumonectomy	2	21	23
Sleeve Resection	0	4	4

Decortication	2	6	8
Excision of Empyema	0	6	6
Rib Resection	4	1	5
Thoractomy	0	16	16
For Hiatus Hernia	0	7	7
For Oesophageal Stricture	0	1	1
Oesophagectomy	0	1	1
Colon Transplant	0	2	2
For Pericardial Cyst	0	1	1
Repair of Sternum	0	2	2
Gastrostomy	0	3	3
Laparotomy	0	2	2
Excision of Glands of Neck	0	2	2
Tracheostomy	0	5	5
	16	117	133

Investigations	T.B.	Non-T.B.	Total
Bronchoscopy	17	286	303
Oesophagoscopy	0	30	30
Mediastinoscopy	0	1	1
Gland Biopsy	0	5	5
Lung Biopsy	0	1	1
	17	323	340

X-RAY DEPARTMENT

During the year 5,334 examinations were made and 7,415 films were used. The work done in this Department is set out below :

Chests	4,390
Bronchograms	126
Tomograms	203
Orthopaedic	418
I.V.P.'s.	10
Urinary Tract	13
Barium Meals	82
Barium Swallows	27
Barium Enemas	8
Barium Follow Through	27
Cholecystograms	9
Sinograms	11

OTHER DEPARTMENTS

The work of the Departments of Physiotherapy and Occupational Therapy continued as in previous years. There were some vicissitudes due to staff movements. The year finished with a full complement of three full-time physiotherapists, but only one occupational therapist.

Work which would normally have been carried out in our laboratory was sent to the Crumlin Laboratory, after closure of our laboratory last year. This met all our needs but in the end staff problems at Crumlin made it necessary for us to transfer our work to St. Kevin's Laboratory. To Doctor O'Grady, Crumlin, and Doctor Mullaney, St. Kevin's and their staffs we are deeply indebted and I thank them for all the help they have given us.

CONCLUSION

I want to finish this report by giving my whole-hearted thanks to every member of the staff in every section of the hospital for the excellence of their work during the year, and for all the loyal co-operation I have received from them.

VENEREAL DISEASES SERVICE

Dr. W. H. Verling

Venereologist

During the year clinics were held in the Mater Misericordiae, Dr. Steeven's, Rotunda and Sir Patrick Dun's Hospitals at which 2,609 patients were treated. This is an increase of 1,117 patients (75%) over the number treated last year.

The following are particulars of the total number of patients treated during the year, together with comparable figures for the previous four years :

		Syphilis		Gonorrhoea		Non V.D.	
		M.	F.	M.	F.	M.	F.
Number of patients treated	1964	66	120	282	42	228	103
	1965	55	151	120	52	409	160
	1966	62	162	182	55	468	146
	1967	68	166	351	67	653	187
	1968	125	189	524	99	1,280	392

The total number of new cases at 1,533 shows an increase of 752 (96%) on last year and an increase of 148% on the number for 1966.

Particulars of new cases admitted for treatment during the year, together with comparable figures for the past four years are as follows :

		Syphilis		Gonorrhoea		Non V.D.	
		M.	F.	M.	F.	M.	F.
Admission to the Clinics of new and return cases from the Dublin Health Authority area	1964	10	18	144	30	354	87
	1965	23	43	79	27	353	126
	1966	22	13	121	24	357	80
	1967	20	12	204	21	432	92
	1968	69	35	305	38	838	248

It will be noted that there is a substantial increase in all categories of patients being admitted. The greatest increase has been in syphilis, a disease which had been declining in Dublin until this year. The increase in syphilis is over 200%. The increase in the number of cases of gonorrhoea stands at 53%. There is also a great increase in the number of patients complaining of non-specific venereal infections (107%).

The following is an examination of the syphilis cases admitted during year, with comparable figures for the previous two years.

Early						Late						Congenital			
Primary		Secondary		Latent-Early		Cardio-vascular		Neuro-syphilis		Late		Under 1 yr.		Over 1 yr.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1966															
7	–	2	–	12	12	1	–	–	1	–	1	–	–	–	–
1967															
10	2	5	4	2	5	–	–	2	–	–	–	–	–	1	1
1968															
51	17	7	1	9	16	–	–	–	–	–	–	–	–	2	1

From these figures it can be seen that the number of acute primary infectious cases has suddenly risen dramatically.

Though, the numbers are still small we must accept the fact that there is now a pool of considerable size of infectious syphilis in our community. Unless this reservoir is controlled, the disease could spread rapidly and reach the proportions of an epidemic. We have here a possible source of great danger to our community.

Every effort is being made in the very difficult task of tracing the contacts of the patients presenting for treatment, and these efforts proved satisfactory during the past year. Every identifiable contact was found and successfully brought for treatment. As well as our routine contact tracing methods, each hospital and District Medical Officer was notified of the noted return of syphilis to Dublin and advised to keep a sharp look out for any cases that might be suspect.

Gonorrhoea continues to increase steadily.

The number of patients complaining of diseases grouped under the heading of Non Specific Venereal Disease has shown an increased gradiant in the past four years.

During the year, reporters from ladies' magazines and one from a national daily newspaper were given interviews to explain the mode of operation of the service and other pertinent facts. Each reporter was requested to publish the time table of the clinics and also to give a telephone number, at which information could be obtained. These articles appear to have contributed in no small way to the increase in the number attending, as well as to the fact that a greater proportion of females attended.

Notification of Venereal Diseases under the Infectious Diseases Regulations has shown no improvement during the year. Each year this failure to notify these diseases is mentioned, without improvement in the position. This is even more disturbing now, as there is a real danger present and we have no proper means of estimating its extent. The total number of notifications received during the year was thirteen, ten for Gonorrhoea and three for Syphilis. These came from general practitioners and the medical department of an industrial concern. Again there was no notification from any of the Teaching General Hospitals.

The introduction of Phase Contrast Microscopy has made diagnosis more rapid, easy and accurate.

Again I take this opportunity to say that the service is only too anxious to assist doctors in general practice in any way. Advice is available without any disruption of the doctor-patient relationship. Drugs are available free of charge, once the disease has been notified in the correct manner, that is on a "G1" form, which is available from the Health Authority. Patients may be referred free of charge and without appointment to our clinics.

Now, more than ever it is important that Congenital Syphilis be prevented, and blood should be sent for the usual tests from every pregnant woman.

I should like to take this opportunity to thank all those who helped during the year and the hospitals in which we hold our clinics for their kind co-operation, which makes the running of the service so much easier.

CHILD SCHOOL HEALTH SERVICES—CITY

Dr. A. F. Corboy

CHILD HEALTH SERVICE

The Child Health Service continued to expand during the year under review. Three new Health Centres were opened at Ballymun, Raheny and Coolock, at which attendances were so large that extra sessions had to be arranged each week to cope with the numbers attending.

A full developmental examination is done on all infants at first attendance, to ensure early detection and treatment of handicapping conditions. Appointments are made for babies on the "At Risk" Register to attend for examination at 6, 12 and 24 months. There was a remarkably good response on the part of parents who showed a keen interest in the health and development of their young children, and were very appreciative of the advice given by the Medical and Nursing Staff on nutrition, feeding, management, etc.

For the two years commencing, January 1967 to December 1968 the number of Developmental Examinations on "At Risk" babies carried out at the Child Welfare Clinics was 2,645. This total meant a considerable amount of extra work for the doctors, nurses and clerical staff, but all entered into the scheme with enthusiasm and a new impetus was given to child health.

The Public Health nurses are now aware of the necessity for the early prevention of mental handicap and emotional disturbance and are very alert in referring children who appear to be deprived of the necessary stimulation for normal development, especially the children of parents who are mentally ill.

Much time is spent by the doctors at Child Health Clinics in health education and on giving general advice on management. Many young mothers are not well equipped to rear and manage their families and have little knowledge of nutrition, budgeting or the wisest methods of child rearing.

Breast feeding is almost totally extinct. This is much to be regretted. The incidence of gastro-enteritis could be greatly minimised if mothers breast fed their infants for even a few months. Unfortunately, the Public Health Nurses are not permitted to visit these young mothers until the infant is six weeks old.

The report of the Study Group on the Child Health Services was published during the year and many of its recommendations have already been implemented by the Child and School Health Services in Dublin Health Authority.

Preliminary Report on the "At Risk" Register

This register commenced on 1st January 1967, of children born on or after this date, who were likely to develop handicapping conditions because of genetic or environmental hazards in the pre-natal, intra-natal or post-natal period. These infants were then followed up at the Child Health Clinics at six monthly intervals for two years. They will then be taken off the register at two years if their development is considered normal for their age.

The indications for placement on the register were as follows:

1. Prematurity.
2. Hypoxia.
3. Rhesus Incompatibility.
4. Trauma.
5. Cerebral Disfunction.
6. Congenital Malformation.
7. Systemic Infection
8. Family history of deafness, blindness, mental illness, mental handicap.
9. Maternal Rubella or Diabetes.

The Maternity Hospitals are following up two High Risk Groups:

1. Premature, under 4 lbs.
2. Haemolytic Disease.

Total number of children placed on Register, 1967	1,903
Total number of children placed on Register, 1968	1,824
Total number of six month old children who had a Developmental Examination at Child Welfare Clinics in 1967-68	1.530
Total number of children born in 1967 examined at six months of age	1,063
Total number of twelve month old children examined at Child Welfare Clinics, 1968	867
Total number of eighteen month old children examined at Child Welfare Clinics, 1968	293
Grand total of Developmental Examinations carried out at Child Welfare Clinics, 1967-68	2,690

Preliminary findings will be analysed in next year's Annual Report. By this time the first group of children will be two years of age and ready to be removed from the register if normal for age.

Total number of infants born in Dublin City, 1968	12.563
Birth Rate—Dublin City	22·1

VISITING OF INFANTS

Number of Infants visited by Public Health Nurses	10,620
Number of Visits re stillbirths	33
Average Number of families etc. on each Public Health Nurse's Register on 31st December, 1968, excluding Baldoyle and Howth :	
Families	408
Infants	179
Children	330
Total Number of visits to Infants and Children	273,771

Number of Special Visits :

Defaulters from Immunisation	23,593
Contacts	
Sequelae A.P.M.	
Other Infectious Diseases	
Surveys, etc.	
Special Follow-up	
Geriatrics	

CHILD HEALTH CLINICS

1,799 Sessions were held during the year at which the total number of attendances was :

Infants	22,343
Children	11,194

The number of Medical Consultations at these Clinics was:

Infants	19,242
Children	10,753

PARTICULARS OF CHILDREN REFERRED FOR HOSPITAL TREATMENT (INTERN AND EXTERN) FOLLOWING EXAMINATION AT CHILD HEALTH CLINICS

Eyes—Admitted to Hospitals

Defective Vision including Squint	21

Extern Department

Defective Vision including Squint	185
Blepharitis	2
Number of Spectacles supplied to Pre-School Children	517
Number of repairs to Spectacles for Pre-School Children	268
Number of occluders to Pre-School Children	37
Number of Artificial Eyes supplied to Pre-School Children	2

E.N.T.

Tonsils and Adenoids	209
Otitis Media	8
Sinusitis	3
Other Defects	34

Orthopaedic

Cerebral Palsy	13
Talipes	2
Knock Knee	4
Bow Legs	3
Other Defects	13
Number of Orthopaedic appliances supplied, renewed and repaired	142

General

Cardiac Disease	10
Respiratory Tract Infection	2
Anaemia and Debility	4
Genito Urinary Disorders	11
Skin Affections	25
Phimosis	4
Hernia	5
Epilepsy	1
Other Defects	13

LIST OF SIGNIFICANT DEFECTS DISCOVERED AT CHILD HEALTH CLINICS, 1968

Speech Defects	47
Delayed Development	18
Definite Subnormality	6
Behaviour Disorders	32
Defective Hearing	39
Otitis Media	49
Eczema	44
Naevi	7
Congenital Heart Disease	31
Anaemia	7
Malabsorption Syndrome	17
Congenital Dislocation of Hips	32
Torticollis	5
Scoliosis	4
Talipes	8
Syndactyly	1
Pectus Excavatum	1
Down's Syndrome	6
Petit Mal	3
Hydrocephalus	1
Cerebral Palsy	4
Asthma and Bronchitis	3
Undescended Testes	1
Hydrocele	10
Inguinal Hernias	8
Hypospadias	3
Urinary Infection	9
Pyloric Stenosis	1

Failure to Thrive	14
Pilonidal Sinus	4
Perthes	1

Phenylketonuria (P.K.U.)

The national scheme was continued and proved its value by the further discovery of 6 cases born in the Dublin Health Authority area during 1968. These infants were placed under treatment and surveillance.

Catholic Social Service Conference

Number of meals served to expectant and nursing mothers	93,370
Number of pints of milk given to expectant and nursing mothers	88,037
Number of mothers in receipt of these meals	4,856

Free Milk Scheme

Quantity of liquid milk distributed to children under 5 years	1,808,639 pints
Quantity of dried milk distributed to infants under 6 months	15,552 pkts.
Quantity of milk distributed during the year to expectant and nursing mothers	142,944 pints
Number of expectant mothers who received milk	2,404

Hearing—Infants under One Year

Infants referred with suspected hearing loss for 1968	43
Received hearing-aids	3
Infants referred with suspected hearing loss for 1967	32
Received hearing-aid	1

Child Guidance Clinics

Total number of pre-school and school age children who attended during the year :

Child Guidance Clinic, Orwell Road	499
Mater Hospital	145

Speech Therapy

Total number of pre-school and school age children :

Our Lady's Hospital, Crumlin	225
St. Kevin's Hospital	116
Harcourt Street Children's Hospital	161

Midwives and Maternity Homes (Midwives Act 1944)

During 1968 one hundred and forty four (144) notified their intention to practice in this area.

The Domiciliary midwives were visited in their homes, as were the Maternity Homes and Hospitals. The general standard of record keeping and equipment was satisfactory.

On 31st December 1968 there were nineteen (19) Maternity Homes and five (5) Hospitals registered.

Nursing Homes closed	1
Nursing Homes registered	Nil

The numbers of late foetal deaths notified to the Authority are as follows: City 241; County 65; Dun Laoghaire 20; Total 326. Puerperal Sepsis Cases 3.

GERIATRIC HOME NURSING SERVICE

The Geriatric Service continues to grow with an ever increasing demand on our Public Health Nursing Service. The scheme mentioned in the Annual Report of 1967, involving the Public Health Nursing Services and the two Health Authority Hospitals, St. Kevin's and St. Mary's, has proved successful. Patients are now being discharged from hospitals at an earlier date than was heretofore possible. Re-admissions have been reduced, and much happiness has been given to old people, secure in the knowledge that their stay in hospital may not necessarily be a long one. However, the scheme in itself could not have been successful without the help and co-operation of other agencies, both statutory and voluntary and for this we are grateful.

In order that Public Health Nursing Staff may keep abreast of developments in the field of Geriatric Nursing, groups of nurses attended St. Mary's Hospital for a week's Refresher Course in the Spring and early Summer of 1968. This was made possible through the kind co-operation of the Medical and Nursing Staff of this hospital.

Her work in the area of prevention continues to form a large part of the Public Health Nurse's duties. Particular groups to which she gives a special attention include those living alone, have suffered bereavement or have been recently re-housed. It is her aim to help the aged retain their independence for as long as this is possible, and therefore lessen their years of dependence. For success full support is needed from a developed community service.

SCHOOL HEALTH SERVICE

During the year, examinations were continued in 139 National Schools in the City and 25,927 children were examined. The number of parents present increased from 771 in the previous year to 1,606 which is a very significant trend, as more accurate diagnosis and management of defects can be effected if the parent is present at the examination.

Again many children failing at school because of mental or educational retardation have been investigated by the School Medical Officers specially trained in the ascertainment of Mentally Handicapped Children or have been referred to the assessment teams at the Child Guidance Clinics. An encouraging sign is the increase in the number of remedial teachers in the large schools and also a greater selectivity in placement of children in special classes.

The teaching staffs have been most co-operative and showed a lively interest in the physical and mental health of the children in their care and are most eager to help the School Medical Officers in every way to provide the most suitable education for the child with a handicap whether emotional, mental or physical.

The survey of the Incidence of Urinary Infection in school children was completed in July 1968. Five thousand children took part in this Survey which was conducted in conjunction with Dr. Cahalane, Children's Hospital, Temple Street and the school medical service.

Our grateful thanks are extended to the managers and teachers who facilitated us in every way and also to the Voluntary Institutions and organisations who were most helpful.

DEFECTS FOUND DURING SCHOOL HEALTH EXAMINATION—YEAR ENDED 31st DECEMBER 1968

Total Number of Children Examined—25,927

DEFECTS	Defects requiring attention	Defects requiring observation
Clothing	239	1,452
Footgear	103	746
Hair and Scalp	527	1,034
Body	349	2,039
Vaccination	18,507	1
Speech	167	855
Mental Condition	73	325
General Condition	78	944
Teeth	4,844	8,902
Glands	370	3,589
Ear :		
Defective Hearing	237	109
Otitis Media	43	17
Other Diseases	60	112
Nose and Throat :		
Tonsils	1,261	5,251
Adenoids	133	56
Tonsils and Adenoids	25	18
Other Defects	216	1,001
Eye :		
Blepharitis	74	310
Conjunctivitis	3	5
Defective Vision	2,965	4,222
Squint	623	564
Other Diseases	40	170
Skin :		
Ringworm	5	3
Scabies	14	13
Impetigo	11	18
Other Diseases	375	2,368
Heart and Circulation :		
Organic Heart Disease	109	231
Functional Heart Disease	89	512
Anaemia	242	611
Lungs :		
Bronchitis	218	438
Other	52	215
T.B. :		
Def. Pulmonary	—	11
Susp. Pulmonary	2	12
Nervous System :		
Epilepsy	2	10
Other	7	73
Deformities :		
Spinal Curvature	4	29
Other	413	2,365
Postural Defects :		
Round Shoulders	81	1,983
Flat Feet	467	3,292
Rickets	—	114
Infectious Diseases	7	24
Hernia	16	35
Rheumatism	1	15
Chorea	—	3
Other Diseases	959	2,837
Parents present —1,606		

DUBLIN CITY NATIONAL SCHOOLS

Average height and weight for age and sex of children who were examined during the course of School Medical Examinations 1958 and 1968.

Age Group Years	MALE					FEMALE				
	Card Count 1968	Average Height in Inches		Average Weight in Lbs.		Card Count 1968	Average Height in Inches		Average Weight in Lbs.	
		1958	1968	1958	1968		1958	1968	1958	1968
4	165	41½	39	41¼	40½	192	41	41	40½	38½
5	1,475	43½	42¾	44½	43	1,321	42¾	42¼	41¾	42
6	2,396	44¾	44¼	47	45¾	2,203	44	44	44	44½
7	1,854	46½	46¼	50	49½	1,453	45¾	46	47½	48
8	1,730	49	49¼	55½	56¼	1,129	48¼	48¾	52¾	54
9	2,255	50¼	51¼	59	61	1,650	50	50½	56¾	59¼
10	890	52½	53	64½	66¼	763	51¾	52½	61¾	64½
11	713	55	54¾	73	73	676	54¾	54¾	71	72½
12	1,216	56	57¼	77¾	80¾	978	56	57	75	81½
13	1,204	57¼	58½	82¾	85	1,131	58½	58¾	84½	88½
14	175	58½	59½	88½	93	216	60¼	60¼	94	96½

There is a slight increase in weight in 1968 noticed in both male and female age groups from 8 years upwards in comparing the figures with 1958.

Particulars of Children Referred for Hospital Treatment (Intern and Extern) Following Examination under the School Health Scheme

Eyes

Defective Vision including squint	1,229
Blepharitis	6
Other Defects	32
Number of Spectacles supplied	3,044
Number of Repairs to Spectacles	2,706
Number of Occluders supplied	39
Number of Contact Lenses supplied	2

Ear, Nose and Throat

Tonsils and Adenoids	495
Otitis Media	14
Sinusitis	10
Nasal Defects	12
Cleft Palate	1
Other Defects	104

Specialist Ear, Nose and Throat Clinics at Lord Edward Street :

Total Number of Sessions	94
Total Number of Attendances	1,567
Number of Hearing Aids Supplied	104

School Audiometry :

Total Number tested by Audiometer, 1968	18,947
Number with Suspected Hearing Loss	1,049
Examined at E.N.T. Clinic	768

Orthopaedic :

Cerebral Palsy	83
Spina Bifida	2
Genu Valgum	12
Pes Planus	70
Postural Defects	99
Valgus Ankles	4
Torticollis	4
Other Defects	48
X-Rays in Orthopaedic Hospital (118 children)	229
Total number of Physiotherapy Treatments in Orthopaedic Hospital	2,778
Total number of Physiotherapy Treatments in Central Remedial Clinic	1,298
Number of attendances at St. Brendan's Cerebral Palsy Clinic	12,176

Lord Edward Street Specialist Orthopaedic Clinic

Total Number of sessions		45
Attendances :	School Children	249
	Pre-School Children	428
	Post Poliomyelitis (all ages)	265

Number of Orthopaedic Appliances supplied, renewed and repaired	349
Other Orthopaedic Defects	223

General Defects

Cardiac Conditions	34
Anaemia and Debility	23
Asthma and Bronchitis	9
Hernia	12
Genito Urinary Disorders	40
Skin Affections	45
Other Defects	83

Education, Training, Treatment, Care—Handicapped Children All Ages

RESIDENTIAL SCHOOLS	Admissions	Discharges
Physically Handicapped :		
St. Joseph's School for the Blind, Drumcondra—Boys	1	—
St. Mary's School for the Blind, Merrion Road—Girls and Small Boys	2	3
St. Joseph's School for the Deaf Cabra—Boys	17	2
St. Mary's School for Hearing Impaired Children Cabra—Girls	3	15
Mary Immaculate School for Deaf, Stillorgan—Boys	3	3
Mentally Handicapped :		
Stewart's Hospital, Palmerstown	15	8
St. Vincent's Home, Navan Road, Cabra	15	—
Holy Angels, Glenmaroon	15	21
St. Augustine's Blackrock	24	25
St. Raphael's, Celbridge	24	36
St. Mary's, Delvin	2	—
St. Mary's, Drumcar	—	—
St. Teresa's, Temple Hill	5	6
Lota, Glanmire	2	9
Other Conditions, General Debility, etc.		
St. Gabriel's, Cabinteely	7	30
Cheeverstown (I.S.A. Scheme)	418	418
Linden	92	92
Sunbeam House, Bray	1	—
Orthopaedic Defects :		
Orthopaedic Hospital, Clontarf	210	216
Orthopaedic Hospital, Cappagh	255	266
Orthopaedic Hospital, Baldoyle	77	76
Child Care Scheme		
Sunshine Home, Stillorgan	81	76
Fairy Hill	16	12

CHILD AND SCHOOL HEALTH SERVICES

County and Dun Laoghaire

CHILD HEALTH SERVICE

The demand for the child health services in the above areas continues to increase and it was necessary during the year to duplicate the clinics in Palmerstown, Lucan and Rathfarnham and increase the number of clinics at Stillorgan from 2—3 per month. The question of increasing the number of clinics at Clondalkin is at present being investigated.

Where possible, immunisation is combined with the child health service and this is much appreciated by mothers who gladly avail of their visit to have their children given a full medical check-up in addition to having them immunised.

The numbers attending for immunisation at Blackrock, Dalkey and Ballybrack clinics are not satisfactory, however many mothers in these areas prefer to attend private doctors and as it is very difficult to get accurate returns in such cases it is not possible to estimate the total number of children immunised. However, in these areas as in all areas, public health nurses visit the homes of all newly born infants and mothers are advised with regard to infant care and immunisation procedure.

In the Clondalkin area the general standard of health and hygiene while still high is not as good as previously, due in the main to the large increase in caravan dwellers in the area. This is not a reflection on the parents of the children but due rather to the conditions under which they live.

The following are particulars of the numbers who attended Child Welfare Clinics during 1968 :

Clinic	Infants	Children
Donnybrook	69	35
Sallynoggin	795	486
Palmerstown	912	561
Lucan	786	704
Dalkey*	17	—
Blackrock	122	119
Clondalkin	845	521
Cabinteely	418	172
Ballybrack	112	36
Dun Laoghaire	1,150	516
Limekiln Lane†	161	199
Balbriggan	309	53
Malahide‡	21	5
Dundrum	325	299
Stillorgan	84	90
Swords	288	81
Total	6,414	3,877

*Commenced 12/9/68. †Commenced 3/9/68. ‡Commenced 6/11/68.

SCHOOL HEALTH SERVICE 1968—COUNTY

Each school is visited during the year and the children examined in the selected age groups. School leavers are interviewed and selected for examination from previous medical record or at request of parents.

It is very gratifying to again report great improvement to all school premises and amenities such as supplies of towels, soap, and toilet rolls.

To the school managers, teachers, nursing and clerical staff sincere thanks are due for never failing courtesy and help during the year. During the year 106 schools were visited and 11,104 children were examined.

Nature of Defects	County Area		Dun Laoghaire Area	
	Defects requiring treatment	Defects requiring observation	Defects requiring treatment	Defects requiring observation
Vision	245	398	52	14
Squint	133	159	26	12
Uncleanliness (a) Head	3	5	1	4
(b) Body	—	—	3	2
Other eye defects	589	492	35	9
Teeth	1,992	618	524	153
Ringworm—(a) Head	—	2	—	2
(b) Body	—	—	—	—
Impetigo	16	22	4	7
Scabies	9	15	1	1
Other skin diseases	233	383	527	81
Tonsils and Adenoids	543	860	184	238
Other N. and T. conditions	30	94	4	16
Hearing	46	47	15	7
Ear Disease	26	10	9	38
Speech	43	112	10	15
Glands—(a) Cervical	18	460	3	154
(b) Sub-max	5	14	—	5
(c) Other	—	6	—	5
Heart (a) Functional	23	190	3	51
(b) Organic	4	27	4	3
Rheumatic Disease	—	1	—	—
Anaemia	16	55	10	16
Lungs	192	130	20	20
Tuberculosis—Pulmonary	—	—	—	—
,, Other	—	—	—	3
Rickets	2	29	2	5
Postural Defects	82	369	19	36
Deformities	60	147	19	54
Mental Condition	128	331	55	6
Total	4,438	5,757	994	944

SCHOOL HEALTH—COUNTY

Intern hospital treatment was provided for : 227 children for tonsils and adenoids; 4 children for orthopaedic defects; 98 children for other defects.

DUBLIN COUNTY SCHOOLS AUDIOMETRY

Total number examined in 1968	7,051
Number found defective on screening test in school	296
Number examined at E.N.T. Clinic	220
Number referred for special education	—
Number attending own doctor or hospital	15
Did not keep appointment at Clinic	30
On waiting list for Clinical examination	31

MATERNITY AND CHILD HEALTH SERVICES SCHEME 1968—CONFINEMENTS

Area	Domiciliary and Nursing Home Cases			Domiciliary Cases referred to Hospital			Cost
	Births	Abs./Miscs.	Still births	Births	Abs./Miscs.	Still births	
City	1.600	191	2	1,574	127	4	£33,837 16 9
County	722	57	1	1,028	90	—	£17,823 19 10
Dun Laoghaire	169	21	—	366	33	—	£5,097 19 5
Total	*2,491	*269	*3	2,968	250	4	£56,759 16 0
	Institutional						
City	8,762	450	44	—	—	—	£311,357 4 0
County	2,428	129	11	—	—	—	£75,704 16 7
Dun Laoghaire	361	25	—	—	—	—	£14,114 8 4
Total	11,551	604	55	—	—	—	£401,176 8 11
	District Cases under Hospital Care						
City	223	119	—	—	—	—	820 4 0
County	7	5	—	—	—	—	29 13 6
Dun Laoghaire	—	—	—	—	—	—	—
Total	230	124	—	—	—	—	£849 17 6

*Does not include Nursing Home cases where Doctor concerned has not entered into agreement with Dublin Health Authority under Maternity & Child Health (Amendment) Regulations, 1964.

Abortions and miscarriages totalled 850 or 5.5% of total number of pregnancies dealt with under the Scheme compared with 1,229 or 9.16% last year.

There was a total of 19,278 births during 1968 of which 14,272 or 74% were dealt with under the Scheme as compared with 19,615 total births, 13,410 or 68.36% of which were dealt with under the scheme in 1967.

In addition to above costs a total of £9,701 was paid to midwives who assisted at domiciliary confinements (£9,686 last year) while £61,241 8s. 0d. was paid to maternity hospitals in respect of 2,300 infants who were detained for treatment, £51,567 for 1,869 in 1967.

DENTAL SERVICES

B. L. Pigott, B.D.S., F.F.D.R.C.S.I.

Chief Dental Surgeon

At the beginning of 1968, the Dental Staff in the School Dental Service, Maternity and Child Welfare Service, and the T.B. Service, consisted of 23 fulltime Officers, and 12 part-time Officers. During the year 5 new Dental Officer posts and one Senior Dental Officer post were filled, and at the end of the year the staff consisted of 31 full-time Officers and 4 part-time officers. Eight part-time dentists who were working in the Crumlin and Dun Laoghaire areas, were replaced by two full-time officers. In the period under review, two temporary dental officers were appointed to permanent posts and 10 new whole-time permanent dental officers took up duty, and four temporary full-time officers retired. One permanent dental officer retired on reaching the age limit, but remained working in a temporary capacity until the end of the year.

Mr. S. O'hIci, B.D.S., D.P.A., took up duty as Senior Dental Surgeon on October 1st and has been put in charge of the services in the Crumlin/Walkinstown/Drimnagh/and South West County area. Since taking up duty he has commenced a school examination programme in this area. He commenced in the schools in Walkinstown where a new clinic came into operation in October. Here he was able to examine the five year old school children, most of whom would have had the benefit of four years of fluoridation. It is hoped to carry out more detailed studies next year, but his studies to date show a reduction in the incidence of caries in this age group. In the Medical Research Council's Survey of 1963, the D.M.F. rate in five year old children in the Dublin, Wicklow, Kildare, areas was 5.7. Mr. O'hIci examined 300 children in this age group and they had a D.M.F. rate of 4.1. This shows a reduction of 1.6 D.M.F. teeth per child which is significant —as it is sometimes claimed that fluoridation of water supplies does not have a significant effect on deciduous teeth. These children were examined in November/December 1968. It will be interesting to see what the D.M.F. rate is in the five year old age group in November/December 1969.

School dental examinations by Dental Officers were also carried out in the following areas, Irishtown, Dun Laoghaire, Blackrock, Lucan, Palmerstown, Clondalkin, Swords and Balbriggan. A new Mobile Clinic was put into operation in September and there are now two Mobile Dental Clinics in use. One was used in the following schools, Kilcoskan, St. Margaret's, Garristown and Old-Town, providing treatment for 500 children. When not at schools this Clinic was stationed in the grounds of Marino Health Centre and children from the surrounding districts were treated there.

The new Mobile Clinic was used to treat children in the following schools, Brittas, Glenasmole, Saggart, Rathcoole and Tallaght. The use of Mobile Dental Clinics in rural areas has been much appreciated by parents and teachers and provides a comprehensive service to the children attending these schools. It is hoped to provide routine yearly examinations and treatments to these children from now on.

The following new Clinics were put into operation—Coolock and Ballymun in April, Harold's Cross in May, Limekiln Lane (Walkinstown) in October, and Edenmore in December. The dental facilities in Finglas Health Centre were increased and a second surgery was equipped there in December and was put into use in the middle of the month. As part of the re-equipping programme which was undertaken last year—new equipment was installed in three Clinics, Larkhill, Lucan, and Cornmarket.

The Dental Health Campaign was held again this year. It differed from previous years in that it was spread over a period of six months ending in the Dental Health Week which commenced on 21st October. The area selected this year was the Dun Laoghaire/Blackrock area and during the Week, an intensive lecture and film programme was conducted in the schools. In addition a Dental Exhibition was held in the Dun Laoghaire Town Hall, and lectures were then given to adult groups. Public Dental Officers, Dentists in private practice, Army dentists, Dental Hospital staff, Dental students and Dental Attendants took part in this Programme, and the co-operation of all concerned was greatly appreciated. It is difficult to assess the results of these Campaigns in an objective manner, but they have become part of the dental scene for the past four years and they are important in any preventive programme. Dentists working in Health Authority Clinics have commented on the improved standards of oral hygiene in children since these Campaigns commenced and the Department of Social Welfare states that after each Campaign there is an up-surge in the demand for dental treatment, under its dental benefit scheme.

There has been an increased demand for Orthodontic treatment and the full-time staff provided 345 appliances during the year. Orthodontic treatment in the Dental Hospital was sanctioned for children. However, as there are delays in the Dental Hospital, a Consultant Orthodontic scheme was introduced in March. Two Orthodontic Consultants have been appointed to diagnose and prescribe treatment which is carried out by the Dental Staff. Seventy children were seen by the Orthodontists in this period and their treatment undertaken by the Dental Officers.

In May a specialist Pedodontic clinic was opened in West Essex St. Clinic and much of the endo-dontic work has been transferred to this Clinic. The Dublin Dental Hospital also treats patients who require specialised treatments such as endo-dontics, crown and bridge work, or surgical extractions. Nursing and expectant mothers are treated in Health Authority Clinics and during the year nearly 800 availed of the services provided. If they were in need of multiple extractions under General Anaesthetic, they were referred to the Dental Hospital who treated them in St. Mary's Hospital, Phoenix Park. A short period of hospitalisation after multiple extractions is desirable and in most cases these patients are retained in hospital for a number of days. 43, adults however, had extractions under General Anaesthetic in Health Authority Clinics. In November and December evening sessions were held in Dun Laoghaire Clinic and adults were treated at these sessions.

The number of children attending for extractions under General Anaesthetic was over 7,000. They attended in the following centres, Cornmarket Dental Clinic, Old County Road Dental Clinic, Our Lady's Clinic, Dun Laoghaire and Temple Street Hospital. Work on the new General Anaesthetic Unit in St. Kevin's Hospital commenced during the year and it is hoped to transfer all General Anaesthetics from Old County Road Clinic and Cornmarket Clinic to this Unit.

The returns for the year show an increase in the amount of conservative work carried out. The extraction/filling ratio for permanent teeth is 25/75 as against 28/72 in 1967. This is a welcome trend and taken in conjunction with the results of Mr. O'hIci's survey, shows that children are benefitting more each year from the Dental Services and the fluoridation of water supplies.

A summary of the work carried out by the Dental Services is attached. A table indicating the state of Dental Health of 5 year old children in 1952, 1962 and 1968 is also shown. I wish to thank all who have been involved in this work for their co-operation and help, and in particular the Dental and Medical Staff, the Auxilliary Dental Staff, the Nurses, and the administrative staff of the Dublin Health Authority. I also wish to extend my sympathy to the wives and relatives of two dental officers, Mr. P. O'Gorman, B.D.S. and Mr. J. McCloskey, L.D.S. who worked for many years in the School Dental Service and who died during the year. Ar dheis lamh De go raibh a n-anamacha.

DENTAL SERVICES 1968

Treatment	Mothers	Pre-School and School Children		T.B.
		Dental Services	Dental Hospital	
Attendance for treatment	3,370	84,581	3,136	2,550
Exts. under General and Local Anaesthetic	1,641	51,058	278	874
Fillings	786	55,395	696	184
Other treatments	2,822	41,563	320	805
Examinations	1,250	67,503	—	*
Dentures				
Full Denture	313	—	—	268
Part Denture	164	188	14	63
Repairs	—	—	—	55

*Not available.

STATE OF DENTAL HEALTH OF 5 YEAR OLD CHILDREN IN DUBLIN HEALTH AUTHORITY AREA

Age	D.M.F. Rate 1952	D.M.F. Rate 1963	D.M.F. Rate 1968
5—6 years	6·1	5·7	4·1

DUBLIN SEAPORT AND AIRPORT

Dr. John Walker

Dublin Port Medical Officer

PART I—DUBLIN SEAPORT

Number of vessels which entered the port during the year, 6,062.

Port Health Service Personnel carried out inspections on 2,153 foreign-going ships, including 7 cruise liners. In addition 14 foreign naval vessels were visited and 153 inspections were carried out on vessels engaged solely on cross-channel and coastwise trading. The foreign-going vessels referred to above came from ports in the following countries.

Africa	Americas	Asia/ Australasia	Europe
Algeria	Argentina	Aden	Azores
Cameroon	Bermuda	Australia	Belgium
Canary Islands	Brazil	Bahrein	Cyprus
Congo	Brit. Honduras	Ceylon	Denmark
Dahomey	Canada	Hong Kong	Faroes
Ethiopia	Chile	India	Finland
Gabon	Colombia	Israel	France
Gambia	Guatemala	Japan	Germany Fd. Rep.
Ghana	Mexico	Lebanon	,, Peoples Rep.
Guinea	Nicaragua	Malaysia	Gibraltar
Ivory Coast	Panama	New Zealand	Greece
Kenya	Peru	Pakistan	Iceland
Liberia	Surinam	Philippines	Italy
Libya	Uruguay	Sarawak	Malta
Madeira	U.S.A.	Singapore	Netherlands
Morocco	Venezuela	Thailand	Norway
Mozambique	West Indies	Turkey	Poland
Nigeria			Portugal
Senegal			Roumania
Sierra Leone			Spain
Somaliland			Sweden
Sudan			U.S.S.R.
Tanzania			Yugoslavia
Togo			
Tunisia			
Union of South Africa			
United Arab Republic			

INFECTED PORTS

The arrivals included 44 ships which had made 51 visits to ports which are on the list of "infected ports."

INFECTIOUS DISEASES (Certificate of Vaccination against Smallpox) Regs. 1966.

183 ships arrived directly from areas to which the vaccination certificate requirement applies and 283 vaccinations were requested. Notifications were sent to Local Chief Medical Officers where necessary.

RODENT CONTROL

Certificates Issued :

Deratting Certificates	Nil
Deratting Exemption Certificates	56
Partial Inspections under Article 52, International Sanitary Regulations, 1951	19

Rodent Control in the Port and Docks Board area is carried out by their Rodent Control Staff. General Supervision, including frequent checks of work is exercised by the Port Health Inspectors.

IMPORTATION OF USED CLOTHING, RAGS, ETC.

(*Infectious Diseases Regulations* 1948, *Article* 20)

30 consignments of rags and used clothing coming through the Port were disinfected at the Disinfecting Depot before release to the consignees.

IMPORTATION OF PSITTACINE BIRDS

(*Infectious Diseases* (*Amendment*) *Regulations* 1952)

106 birds of the parrot species were imported under permits issued by the Department of Health to private importers. 38 such birds were imported by the Dublin Zoo under licence held by them from the Department of Health. Thirteen birds imported in contravention of the above Regulations were painlessly destroyed.

INSPECTION OF IMPORTED FOODSTUFFS

(*Food Hygiene Regulations* 1950—*Chapter* 11)

The inspections, and where necessary, the detention of cargoes of imported foodstuffs, continued as before.

FOODSTUFFS UNFIT FOR HUMAN CONSUMPTION

Type of Foodstuff	*Amount*
Beans	560 lbs.
Fish (canned)	138 lbs.
Fruits and Fruit Juices (canned)	14,262 lbs.
Fruits (dried)	7,220 lbs.
Margarine	48 lbs.
Peas	3,696 lbs.
Sauces (canned)	9,219 lbs.
Miscellaneous Foods etc.	448 lbs. approx.

One ton of peas found to be unfit for human consumption was released for animal feeding. Several consignments of various foodstuffs were released following fumigation, aspiration, screening, garbling and/or other suitable treatment.

SAMPLES OF FOODSTUFFS

93 samples of various foodstuffs were submitted for bacteriological and chemical examination under the Food Hygiene Regulations, 1950.

INSPECTION OF FOOD AND WATER ON IRISH REGISTERED SHIPS

(*Section* 24 *of the Merchant Shipping Act of* 1906 *and Section* 68 *of the Health Act*, 1953).

The Port Health Inspectors, who are Authorised Officers for the purposes of the above Acts, carry out inspections of crews provisions and water supplies on ships registered in Ireland.

The food and water supplies on 27 ships were examined. 47 samples of water were submitted for bacteriological examination and 46 samples were submitted for chemical analysis.

MISCELLANEOUS

Inspections were carried out re office premises, factory premises, food premises, pest control, new buildings, swill on board ships etc. Our requirements under these headings were complied with.

Port Health Office changed from 14 Hawkins Street to Hawkins House, on 27/28 June, 1968.

SICKNESS ON BOARD VESSELS ARRIVING AT DUBLIN

One case of severe tonsillitis occurred on board a vessel arriving from the U.S.A. This man was hospitalised.

One case of sudden death occurred as a vessel from Italy was entering Dublin Port.

Two cases of primary malaria occurred on board a vessel a few days before its arrival from Senegal and the Ivory Coast. These cases were treated in Cherry Orchard Hospital.

PART II—DUBLIN AIRPORT

INFECTIOUS DISEASES (AIRCRAFT) REGULATIONS, 1948

Health control measures (as laid down in the above regulations) may be applied to aircraft arriving at Dublin Airport. Under normal circumstances no special health control measures are applied to aircraft which fly exclusively between airports in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands and Dublin Airport, nor to aircraft which arrive at Dublin Airport from airports located in what is known, under the terms of an international agreement, as the "excepted area".

An aircraft to which the appropriate health control measures are applicable may be detained as may its stores, equipment and cargo, passengers and crew. No detentions took place during 1968.

Health control measures were applied in the case of 1,706 arriving aircraft.

VACCINATIONS AGAINST SMALLPOX

At the Medical Centre, Dublin Airport the following vaccinations against smallpox were carried out by the Medical Staff of Aer Lingus—Irish International Airlines :

Primary Vaccination	125
Re-Vaccination	1,236
	1,361

HYGIENE AND SANITATION

Since the dissolution of the former Airport Hygiene Committee, certain matters involving some aspects of the sanitary state of the airport have been dealt with at meetings of the Airport Services Working Committee. The practical points affecting hygiene and sanitation are the concern of the Supervising Health Inspector who by means of personal visits and inspections exercises surveillance of the airport environment. The aim is to maintain a satisfactory sanitary state in accordance with national and international requirements.

HEALTH INSPECTORS DEPARTMENT (CITY)

Patrick Coen

Chief Health Inspector

The health inspectors are under the control of the Dublin Health Authority. Their main works, however, relate to matters of sanitation and housing, matters under the control of the Dublin Corporation. They report to the Dublin Health Authority on food and drugs, food hygiene, infectious diseases and rat control measures. Most of their reports go to the Chief Medical Officer who advises the Corporation and the Health Authority on all health and sanitary matters.

A summary statement of the work done by the inspectors during the year 1968 is shown on the following figures.

House Inspections	44,786
Room Inspections	65,988
Defects Discovered	9,108
Defects Remedied	6,836
Nuisance Notices Served	2,031
Milk Shop Inspections	16,420
Bye-Law Notices Served	350
Other Notices Served	3,362
Factory Inspections	583
Piggery Inspections	1,410
Outworkers' Premises Inspections	12
Cemetery Inspections	612
Common Lodging House Inspections	59
Rates Rebates Inspections	5,322
Offensive Trade Inspections	291
Drains Tested	496
Drains Cleansed	1,575
Drains Repaired	35
Cellars Closed	6
Street Traders Stalls Inspections	4,240
Houses Officially Represented	90
Shops Inspections	10,702
Works Notices Served	67
Written Reports Submitted	12,332
Offices Inspected	464
Other Inspections	9,461
Food Premises Inspections	15,074
Inspections regarding Rodents	6,462
Infectious Diseases Inspections	414
Written Reports Submitted	4,836
Other Inspections	4,064

COURT WORK

In the course of his inspections the Inspector encourages hoteliers, restauranteurs and property owners to comply with legal requirements governing their premises. Verbal advice and persuasion suffices in most cases. Where works requirements are of a major nature or where compliance is doubtful, the Inspector serves a formal notice. Failure to comply with this notice invites Court procedure. During the year 1968 the following summonses were issued in sanitary matters. Other prosecution results are found in the summaries relating to food hygiene and to food and drugs.

Summonses Heard	113
Summonses (Ordinary)	89
Summonses (Disobedience)	15
Summonses (Bye-Laws)	9
Orders obtained with costs	48
Orders obtained without costs	3
Nuisance abatement—costs awarded	14
Nuisance abatement—no costs awarded	8
Owners fined	22
Summonses not served	2
Summonses dismissed	12
Summonses Adjourned	40
First Summonses Issued	108
Total amount of fines imposed	£194 8 0
Summonses served and withdrawn before hearing	2

HOUSING

Reports on Housing applications	3,457
Reports on Repair Grants	502
Reports on Supplementary Grants	491
Overcrowding notices served	726

DRAINS

Public health nuisance arising from choked drains are so numerous and so constantly recurring that the local authority provides a special staff, transport and equipment for the freeing of drains. Our staff of two men on this work do not free drains in Corporation houses nor do they examine drains in new houses. Suburban houses on combined drains whose Residents Associations have not provided drain rods for the use of their members make most demand on this service. The charge is very small, five or ten shillings per house.

Drains cleared	1,575
Drains tested	496
Referred to Sewers Department	24
Referred to Housing Maintenance	2

PLANS SCRUTINY

All plans of new buildings are of immediate concern to the Sanitary Department and to the Chief Medical Officer of the Dublin Health Authority so that the buildings may be properly serviced by plumbing, drains and sewers, properly lighted and ventilated and in complete compliance with our health and hygiene codes. The work of this section shows an increase of 35% over last year's returns.

Plans submitted to this Department	981
New flats, conversion of existing houses to flats and bedsitting rooms	822
New licensed premises, alterations and additions to existing licensed premises	20
Food Shops	68
Non-food Shops	82
Hotels and Guest Houses	28
Restaurants, Cafes, Fish & Chip Shops	25
Offices	482
Schools, Institutions, Convents and Hospitals	111
Garages and Filling Stations	17
Septic Tanks	31
Repair Grant Works, Alterations and Additions to Houses	250
Launderettes	10
Food Factories	31
New Food Factories	128
Other Plans	67
Consultations with Architects and Engineers	126

OFFICE PREMISES ACT, 1958

Of the number of plans submitted to our Department for examination last year almost fifty per cent related to offices. The number of persons employed in an office must be in excess of five, otherwise the Act will not apply. Our Inspectors' activities are therefore directed towards offices of large commercial undertakings as multitudinous small offices are excluded. Because these larger offices are mostly of recent construction they are all in compliance with our requirements and we find that the Office Premises Act, 1958, serves more as a standard to be conserved than penal enforcement.

WATER SAMPLES FROM CORPORATION SWIMMING BATHS

Samples of water taken from the two city swimming pools every two weeks during the year were found on examination by the City Bacteriologist to be normal.

Slae of Food and Drugs Acts

Article of Food	Number of samples	Number adulterated	Number of prosecutions	Number of convictions	Penalties
Soup Mix	17	2	2	1	£1 fine & £3 3 0 costs
Pearl Barley	43	5	5	5	£8 fine & £19 19 0 costs
Steakburger	12	2	1	1	£5 fine & £4 4 0 costs
Sausages	114	2	1	1	£1 fine & £3 3 0 costs
Whiskey	83	2	2	1	£20 fine & £3 3 0 costs
Ice Cream	128	2	2	2	£3 fine & £8 8 0 costs
Milk	440	2	1	—	—
Porkburger	3	1	—	—	—
Beefburger	41	1	—	—	—
Butter	329	3	—	—	—

Legal Action pending in the Following

1 Whiskey; 1 Milk; 1 Soup mix.

No Legal Action in the Following

1 Steakburger; 1 Sausages; 1 Beefburger; 1 Porkburger; 1 Milk; 3 Butters.

DISINFECTING DEPOT

Summary of Work carried out during 1968

Disinfection

Number of disinfections carried out after the undermentioned diseases :

Tuberculosis	273
Dysentery	2
Salmonella	1
Measles	2

Rooms of houses disinfected (requested by Health Inspectors, Nurses, Housing Dept., etc.)	237
Rooms of Hospitals and Clinics disinfected	674
Hospital bedding disinfected	236
Household bedding disinfected	186

INFECTIOUS DISEASES REGULATIONS 1948 (ART. 20)

Number of imported consignments of rags, used clothing, etc. disinfected	30

FOOT AND MOUTH DISEASE (DISPOSAL OF SWILL) ORDER 1937

No. of vessels from which swill was removed	9

INFECTIOUS DISEASE (AMENDMENT) REGULATIONS 1952 (IMPORTATION OF PSITTACINE BIRDS)

No. of birds painlessly destroyed	13

DISINFESTING

No. of rooms disinfested of Bugs	21
Fleas	207
Number of localities treated for Mosquito infestation	30
Number of other disinfestations	210

INFECTIOUS DISEASES REGULATIONS 1948 (ART. 19)

No. of persons de-loused at disinfecting station	200
No. of persons treated for scabies	360

FREE D.D.T. DISTRIBUTION SCHEME

Number of 4 oz. packets of D.D.T. powder distributed	4,952
Number of 4 fl. oz. bottles of D.D.T. Hair Lotion distributed	1,320

RODENT CONTROL

Surface Treatment

Total No. of complaints received	2,540
Total No. of premises treated	4,438
Total No. of premises test baited	91
Total No. of premises infested	3,283

Sewers Treatment

Total No. of baitings	32,719

MISCELLANEOUS JOBS	307

HEALTH INSPECTORS DEPARTMENT

Dublin County and Dun Laoghaire

MICHAEL MAGUIRE

Supervising Health Inspector

I submit a report showing the work being done by the Health Inspectors under my supervision for the year 1968 in Dublin County and Dun Laoghaire Borough area. Within this area we have Dublin Airport and Dun Laoghaire Sea Port. The staff covering this area consists of one Supervising Health Inspector and 7 Health Inspectors.

RATS & MICE DESTRUCTION ACTS, 1919

	Dublin County	Dun Laoghaire
Inspections and calls	372	596
Evidence of Infestation	372	244
Disinfestation carried out	372	202

The figures indicated for the number of complaints regarding rat infestation would give the impression of a lessening of the problem. I believe that now there is widespread public knowledge of the rodent control service provided by the Authority, and therefore, individual complaints can represent many house-holders. The extensive areas of the development in the county increases the problem. The treatment is effective to the fringe of developed areas but there is little control along the roads, streams and the purely rural parts of the County and ideally these areas should be treated before work begins.

FOOD HYGIENE REGULATIONS

	Dublin County	Dun Laoghaire
Inspections	1,352	1,267
Prosecutions	4	5

The increase in the number of inspections under the above heading is the result of planned work, which the Health Inspector is obliged to do. This is an effort to depart from the haphazard operation of the regulations.

SANITARY SERVICES ACT 1878/1964

	Dublin County	Dun Laoghaire
Inspections	1,359	1,635
Court Cases	36	12

The complaints regarding choked drains continued unabated during the year. We are still awaiting the elimination of the B'oads intercepting trap on combined house drains. The Sanitary Services staff of the County Council are to be commended for the excellent service in drain clearing. The problem arising for the average family following drain chokage has to be experienced before its full effect can be felt on the running of a home particularly if there are children in the household. It is this consideration which has given an added spur to the provision of a speedy service. In addition, the removal of the charge for this service has resulted in much less administrative work.

During the year the usual annual series of complaints were submitted to the Council from residents who are located close to the Mink Farms. These complaints are to a great extent created by the intolerable fly infestation of dwelling houses. The extent of fly infestation in the vicinity of Mink Farms and large poultry breeding units creates a serious public health nuisance. The classification of this type of business as "agricultural pursuits" should be reviewed by the Department of Agriculture. Certainly large potentially offensive operations irrespective of what particular category, should not be allowed operate near residential development under present conditions.

TEMPORARY DWELLINGS

	Dublin County	Dun Laoghaire
Number of Inspections	198	—

There is no effective control of temporary dwellings in the Dublin County area. There is rather unfortunate patterned developing whereby members of the public who seek licenses under the Sanitary Service Act 1948 expose themselves to conditions imposed by the Council in their efforts to comply with requirements whereas those other people who decide to flout the law remain relatively ignored by the Council. It can be extremely difficult to deal with temporary dwelling problems under the definition of "nuisances" as a nuisance in itself under public health law must admit of a remedy and obviously the remedy in this case is the provision of adequate and suitable temporary dwelling sites in the County area. At present there are sites at Finglas and Balbriggan. It is gratifying to note that there are no temporary dwelling problems in the Dun Laoghaire area.

FACTORY ACT 1965

	Dublin County	Dun Laoghaire
Number of Inspections	38	74
Number of Factories in Area	400 (approx.)	71

Our primary function under this Act is to ensure that suitable sanitary accommodation is provided for staff. Few contraventions of the Regulations are noted directly by us and the majority of cases are drawn to our attention by complaints lodged to the Sanitary Authority.

SHOPS (CONDITION OF EMPLOYMENT) ACT, 1938

	Dublin County	Dun Laoghaire
No. of shops in area	—	118
No. of inspections	—	62

This act needs to be reviewed in the light of the changed conditions of trading and of employer/employee relationships that now prevail.

OFFICE PREMISES ACT 1958

	Dublin County	Dun Laoghaire
No. of Inspections	Nil	21

In Dun Laoghaire inspections of milk shops and slaughter houses are done in association with the Veterinary Inspector.

MILK & DAIRIES ACTS 1935/1956

	Dublin County	Dun Laoghaire
No. of Inspections	Nil	44

The "Dairy Shop" as previously has disappeared from our shopping sectors. The retail sale of milk forms part of the general pattern of retail food sales, and it would appear that the emphasis which was placed on the quality of milk which was so necessary some years ago, is no longer valid.

SLAUGHTER OF ANIMALS ACT

	Dublin County	Dun Laoghaire
No. of Inspections	Nil	77

The slaughtering and rough dressing of animal carcases for human consumption should be carried out away from urban and residential areas. It would seem to be advisable for Local Authorities in these places to sponsor one to two small abattoirs from where meat supplies could be distributed.

PLANNING PROPOSALS

	Dublin County	Dun Laoghaire
No. of Planning Proposals submitted for report	1,557	Nil

All planning proposals made to the County Planning Department are sent to this Department for inspections, reports and observations. This practice ensures that the Health Inpsector on his individual area is aware of the proposed development, and therefore, assists him in the policing of his area. In turn the Medical Officer can draw on the knowledge and experience of the Health Inspector in respect of his area and having regard to his report the Medical Officer's observations and requirements are formulated for the advice and benefit of the Dublin County Council. The planning proposals submitted included many proposals for private and industrial development in areas which are unsewered. In these cases evidence is requested regarding the character of the soil and its percolation qualities in order to assess the suitability of land to accept sewage effluent. Evidence throughout the year has continued to show that large areas of North and South County Dublin are unsuitable for the percolation of sewage effluent. The past year aslo showed that many of our small streams dried up completely during the summer period, and with the exception of three or four rivers, none are large enough to receive sewage effluent even in the smallest quantities.

HOUSING ACTS 1966—FROM HOUSING OFFICE

	Dublin County	Dun Laoghaire
No. of Inspections	2,478	1,271

Surveys during the year indicated that in some areas of the County, Local Authority housing accommodation might be so designed to meet more closely the needs of the residents. For example, a surprising number of applicants sought accommodation in the new block of flats at Churchtown indicating a greater need for this type of accommodation in this area.

INFECTIOUS DISEASES

	Dublin County	Dun Laoghaire
No. of Inspections	8	11

When required, the Health Inspector, carries out inspections and reports in some cases of notifiable infectious diseases and arranges for the collection of specimens for laboratory examinations

SALE OF FOOD AND DRUGS ACTS

ANNUAL RETURNS FOR COUNTY DUBLIN AND DUN LAOGHAIRE (1968)

Hereunder is a summary of the number of articles submitted to the Public Analyst for analysis during the Year ending 31st December, 1968, and the result :—

COUNTY OF DUBLIN

Total number of articles analysed:

Number of formal samples for year	432
Number of unsatisfactory samples	24
Number of informal samples (all genuine)	48

RESULT OF ACTION TAKEN

Ammoniated Tincture of Quinine	£20 fine and £5 5s. 0d. costs
Ice Cream	£2 fine and £3 3s. 0d. costs
Flake Meal	£2 fine and £3 3s. 0d. costs
Sausages	P. O. Act £3 3s. 0d. costs

NO LEGAL ACTION IN OTHER CASES, LETTERS OF CAUTION ISSUED

BOROUGH OF DUN LAOGHAIRE

Number of formal samples	261
Number of unsatisfactory samples	13
Number of informal samples	44
Number of unsatisfactory samples	1

RESULTS OF ACTION TAKEN

Sausages	P.O. Act and £3 3s. 0d. costs

No Legal Action in other cases.

SAMPLES SUBMITTED FOR BACTERIOLOGICAL EXAMINATION

Article	*Number*	*Satisfactory*	*Not Satisfactory*
Oysters	13	11	2
Mussels	4	3	1
Cockles	1	1	—
Frozen whole egg	1	1	—
Frozen egg Albumen	1	1	—
Frozen egg yolk	1	1	—

FOOD HYGIENE REGULATIONS, 1950

During the year 118 new applications for the registration of Food Premises were received. Inspections of all premises were carried out and each applicant was informed of the Authority's decision to register, provisionally register or refuse registration of the premises. At the close of 1967 there were 27 premises provisionally registered which were also dealt with during the year. The position at 31st December 1968 was as set out hereunder:

Year 1/1/68 to 31/12/68	City	County	Dun Laoghaire	Total
New applications received during 1968	87	20	11	118
Provisionally registered at 1/1/68	23	3	1	27
Premises registered during 1968	54	12	7	73
Premises refused registration during 1968	26	12	6	44
Registrations cancelled during 1968	86	6	10	102
Appeals to Minister during 1968	22	4	5	31
Appeals decided by the Minister during 1968	7	5	1	13
Prosecutions instituted during 1968	31	4	6	41
Prosecutions decided during 1968	24	3	4	31
Amount of fines imposed in 1968	£185 0 0	£12 0 0	£20 10 0	£217 10 0
Amount of costs imposed in 1968	£112 7 0	£13 13 0	£22 1 0	£148 1 0

During the year 31 new appeals were made to the Minister against the decision of the Authority to refuse registration of premises. Twelve appeals were allowed during the year, the appellants having complied with the Authority's requirements for registration.

ATMOSPHERIC POLLUTION

The number and the location of Atmospheric Pollution Stations set up and operated by the Dublin Corporation remained unchanged during the past year. They are sited as follows :

Station	Site	Instrument
1	Meteorological Office, Upr. O'Connell St.	D.G. & L.P.
2	Exchange Bldgs., Lord Edward St.	,,
3	Paving Depot, Orchard Road	,,
4	Ordnance Office, Phoenix Park	,,
5	Hospice for the Dying, Harold's Cross	,,
6	City Laboratory, Cornmarket	D.V.A.

D.G. & L.P.—Deposit Gauge and Lead Peroxide Instrument.
D.V.A.—Daily Volumetric Smoke and SO_2 Unit.

Unlike the previous year the Stations, with one exception, remained free from interference. The results obtained from Stations 1 to 5 are shown in Tables A and B and Graphs A and B. In addition Graph C shows the variations in the yearly average of solid matter deposited at these stations since measurement began in 1961. From this graph it can be seen that although the averages rise and fall in succeeding years, nevertheless a continuous upward trend is evident. The results from Station 6 have not yet been made available by the Department of Local Government and so cannot be included in this report.

Tables C and D show the estimated cloudiness and rainfall at the stations. During the 1961/2 period this Department co-operated with the World Health Organisation in connection with a lung cancer survey in relation to air pollution and smoking habits. This was carried out simultaneously in Belfast and Dublin for a duration of 12 months and subsequently in Helsinki and Oslo for the 1962/3 period. For the purposes of the survey five stations for measuring smoke pollution by means of the Volumetric apparatus were set up in each city. The results of these measurements have been made known and some of them are shown in Table E. Care must be taken when drawing conclusions from comparison of results from different cities. However, it can be clearly seen that smoke concentrations were significantly higher in Belfast than in Dublin.

TABLE A.—SOLID MATTER DEPOSITED IN MILLIGRAMMES PER SQUARE METRE PER DAY

Station	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total	Average
1	160	155	193	226	290	224	317	164	164	210	317	262	2,682	224
2	276	304	237	205	176	179	178	184	152	396	341	560	3,188	266
3	166	213	237	196	196	192	205	248	172	98	378	261	2,562	213
4	53	42	55	43	46	71	54	84	77	109	97	157	888	74
5	80	77	126	82	82	97	321	*	112	119	173	163	1,432	119
Total	735	791	848	752	790	763	1,075	680	677	932	1,306	1,403		
Monthly Average	147	158	169	150	158	152	215	170	135	186	261	281		

Average : Summer (April to Sept. incl.) 163 MGS/Sq. M/DAY
Winter 200 ditto
Year 182 ditto

*Probable Interference.

TABLE B.—SULPHUR MEASURED IN MILLIGRAMMES SO_3/DAY ABSORBED BY 100 SQ. CMS. LEAD PEROXIDE

Station	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total	Average
1	1·81	2·30	1·51	1·39	1·22	0·94	0·94	0·41	0·83	1·14	1·35	2·70	16·54	1·38
2	2·63	2·80	1·86	1·53	1·17	0·83	0·83	0·52	0·89	1·05	1·38	1·70	17·19	1·43
3	1·14	1·49	1·02	1·08	0·86	0·58	0·43	0·25	0·75	1·22	1·10	1·26	11·18	0·93
4	0·13	0·59	0·10	0·33	0·24	0·22	0·22	0·05	0·107	0·26	0·21	0·30	2·76	0·23
5	0·74	0·31	0·54	0·63	0·52	0·36	0·43	0·12	0·30	0·33	0·57	0·84	5·69	0·47
Total	6·45	7·49	5·03	4·96	4·01	2·93	2·85	1·35	2·877	4·00	4·61	6·80		
Monthly Average	1·29	1·50	1·01	0·99	0·80	0·58	0·57	0·27	0·575	0·80	0·92	1·36		

Average : Summer—0·63 mgs So_3/day/100 cms².
Winter—1·15 ditto
Year—0·89 ditto

TABLE C.—CLOUDINESS (EIGHTHS OF SKY COVERED) OBSERVATIONS AT 09.00 AND 14.30 Hrs. DAILY

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1967	7·0	6·2	5·7	6·3	4·6	5·7	5·4	5·9	5·2	5·5	6·4	5·8
1968	7·0	4·9	5·9	6·0	5·0	4·7	5·6	4·2	5·7	5·9	6·3	5·6

TABLE D.—RAINFALL AT DEPOSIT GAUGE STATIONS IN MILLIMETRES.

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	64	19·9	42	49	37	39	7·6	73	83	36	70	110
2	64	19·6	43	49	35	35	6·5	75	86	36	72	111
3	69	17·6	45	48	47	44	13·0	79	85	26	61	97
4	78	22·6	47	49	45	57	14·0	89	96	53	77	106
5	57	18·2	44	55	35	36	14·0	*	50	36	80	99
Monthly average	66·4	19·6	44·2	50	39·8	42·2	11·0	79	80	37·4	72	104·6

*Probable Interference.

TABLE E.—AVERAGE CONCENTRATIONS OF SMOKE IN mgms/m^3/day (Dublin/Belfast 1961/2—Oslo/Helisinki 1962/3)

City	Stations							
	1	2	3	4	5	Summer	Winter	Year
Belfast	148	130	138	94	102	79	166	122
Dublin	112	82	70	67	42	38	111	75
Oslo	64	62	84	73	63	36	103	69
Helsinki	49	45	58	55	33	42	53	48

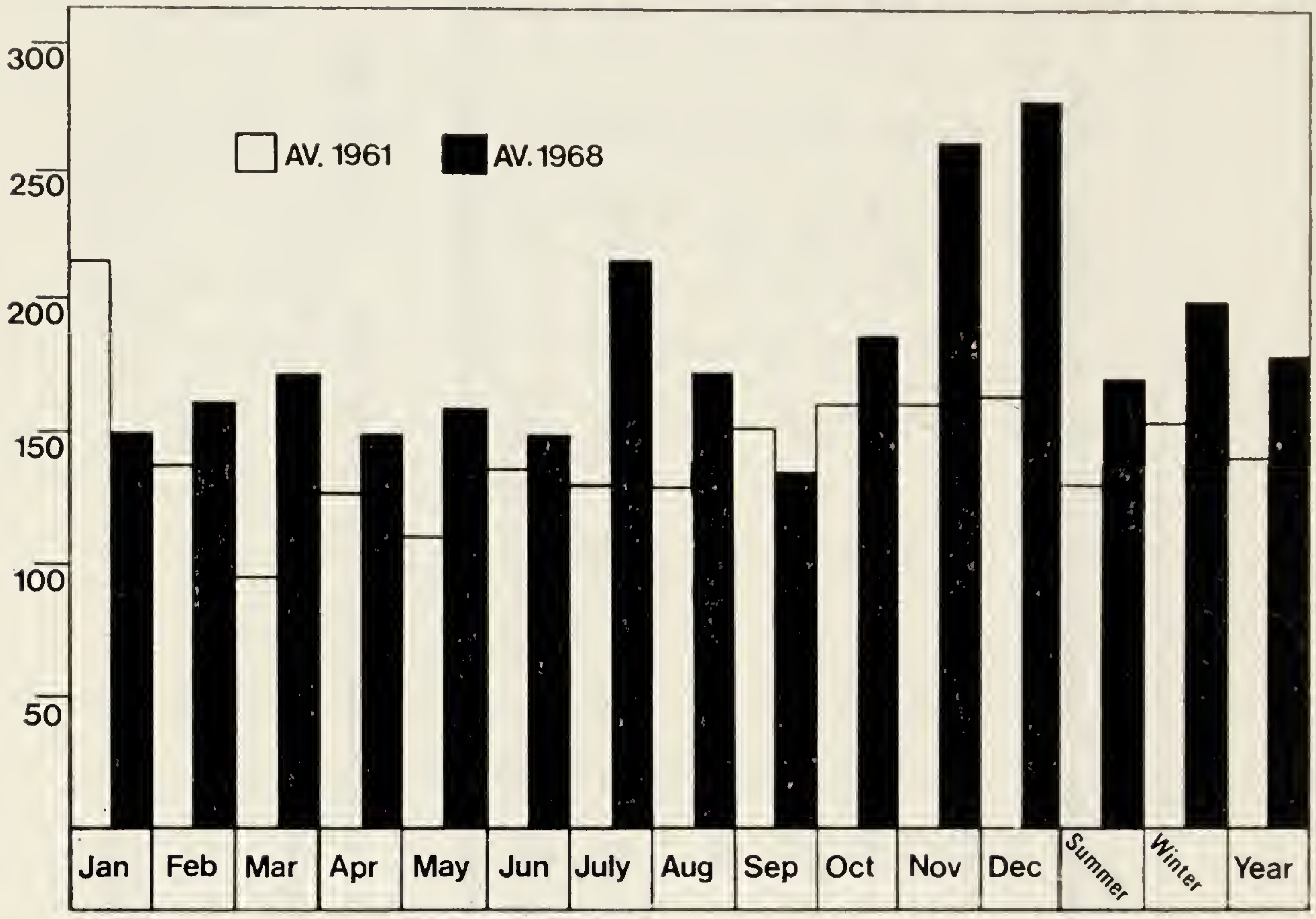
LOCATION OF STATIONS :

BELFAST : 1.—Ravenscroft Avenue. 2.—Mountcollyer St. 3.—Glenwood. 4.—Ulsterville. 5.—City Hall.

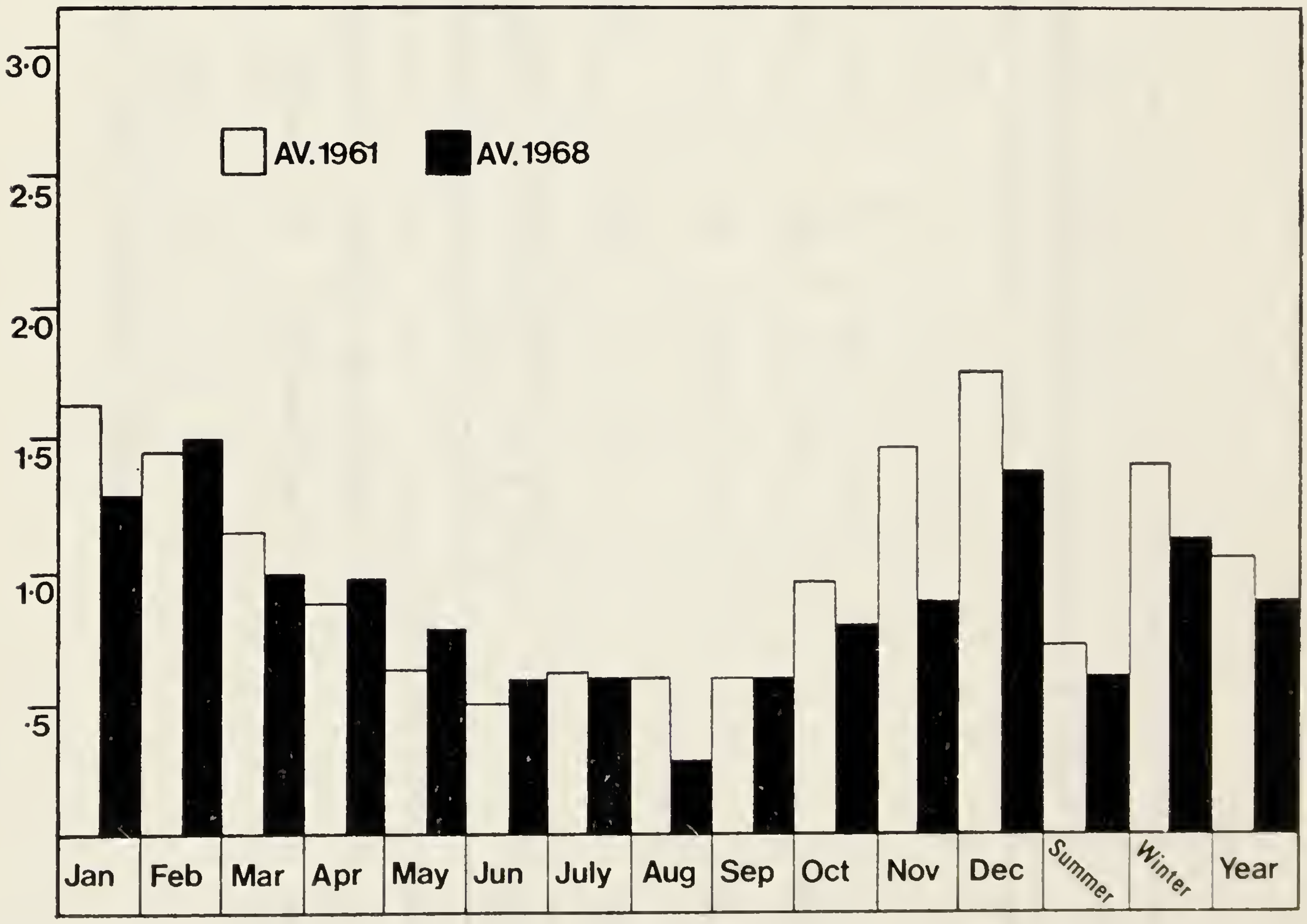
DUBLIN : 1.—Upr. Dorset St. 2.—Tara St. 3.—Rathmines Road. 4.—Crumlin. 5.—Killester.

Summer—April to September. Winter—October to March (incl.)

GRAPH A—Monthly average of Solid Matter deposited in mgs/m²/day.



GRAPH B—Monthly average of Sulphur measured in mgs. SO_3/day/100 sq. cms. Lead Peroxide.



HOUSING

Dublin Corporation

Number of dwellings built during 1968 :

Houses	450*
Flats	1,430*

Number of dwellings under construction at the end of the year :

Houses	708*
Flats	1,315*
Number of families rehoused in new and old buildings	2,309

*Includes Ballymun Housing project.

Borough of Dun Laoghaire

Total number of houses in Corporation's Estate at 31/12/68	3,583
Total number of "casual" vacancies in Corporation's Estate during 1968	55
Number of additional dwellings for which land is in possession of the Corporation	928

Dublin County Council

Number of houses built during 1968	341
Number of private housing sites developed during 1968	—
Number of houses under construction at end of 1968	187
Number of houses under tender at end of 1968	172
Number of sites for leasing for private housing at end of 1968	347
Number of houses for which plans have been prepared	346
Other lands for which houses are at present being planned (acres)	326

Number of lettings during 1968 :

First lettings :

Houses	335
Flats	26
Caravans	2
Chalets	14

Other lettings :

Vacant Houses	4
Vacant Flats	1
Number of applications for housing accommodation at end of 1968	2,480
Estimated number of applicants in need	2,183

VETERINARY DEPARTMENT (CITY)

Denis Reeves, M.R.C.V.S., D.V.S.M.

Chief Veterinary Officer and Superintendent of Abattoir

The duties of this Department are classified under the following headings :

1. Milk Inspection.
2. Inspection of meat and meat products including poultry and fish.
3. Duties under the Diseases of Animals Acts.
4. Veterinary Laboratory.
5. Duties under the Food Hygiene Regulations, 1950.

Milk Inspection

On 1st January, 1963, the Milk and Dairies Act, 1935 (Sale of Milk in the County Borough of Dublin) Order, 1962, came into operation. The effect of this Order is to prohibit the sale of milk in the County Borough of Dublin unless such milk is sold under a Special Designation.

On 31st December, 1968, there were 1,560 entries in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935.

These comprised :

Registrations of Milk Shops	1,407
Registrations of Milk Stores	58
Registrations of Pasteurising Plants	4
Registrations of Milk Producers inside sanitary district	29
Registrations of Milk Producers outside sanitary district	51

During the year, new entries in the Register of Dairymen affecting 101 premises—95 milk shops, and 6 milk stores—were made.

The following is a summary of the Dealer's Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938 :

No. of licences issued	1,319
No. of licences issued for sale of pasteurised milk	1,313
No. of licences issued for sale of pasteurised milk (Grade 1)	1
No. of licences issued for sale of highest grade milk	5
No. of premises covered by licence	1,384

Regular inspections of milk shops and milk stores and dairy yards were made by inspecting officers to ensure that the provisions of the Act were being complied with; in the course of the year 976 inspections were made.

PROSECUTIONS

In January, 2 Licensing Defaulters of 1967 were prosecuted under the Milk and Dairies Act, 1935.

MILK SAMPLING

During the year 240 samples of milk sold under Special Designations were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examination. The following is a summary of the results :

Total Living Organisms Per C.C.	No. of Samples
Not exceeding 1,000	9
Over 1,000 but not over 50,000	159
Over 50,000 ,, ,, ,, 100,000	53
Over 100,000 ,, ,, ,, 200,000	9
Over 200,000 ,, ,, ,, 300,000	6
Over 300,000 ,, ,, ,, 400,000	1
Over 400,000 ,, ,, ,, 500,000	1
Exceeding 500,000	—
Result inconclusive	2
Total	240

In addition to the foregoing sampling, this Department, at the request of the Department of Agriculture, took monthly samples from each producer of Highest Grade Milk at the premises of the large milk concerns, and forwarded them to the State Chemist. In all, 545 samples of milk of special designation were forwarded to the State Chemist, on behalf of the Minister for Agriculture, who is the licensing authority for the production of pasteurising or bottling of all milk for sale under special designation.

EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS

Special visits were made to City Dairy Yards by the Veterinary Staff to clinically examine the cows housed therein. Samples of milk were taken from cows with abnormal udders and examined microscopically in the Veterinary Laboratory. When the result was negative, further biological tests were done. These precautions were adopted to ensure that no cow with a tuberculous udder would escape detection.

The following is a summary of the work :

Average No. of cows housed in City Dairy Yards	483
No. of special visits to Dairy Yards	36
No. of examinations of milch cows	721
No of cows in City Dairy Yards found with tuberculosis of the udder	Nil
No of cows from which separate samples of milk were taken for bacteriological examination	5

DUBLIN CORPORATION ABATTOIR

Number of animals slaughtered at the Corporation Abattoir :

Bulls	5
Bullocks	3,913
Cows	1,014
Heifers	31,490
Calves	574
TOTAL CATTLE	36,996
Total Sheep	109,579
Total Swine	22,948
TOTAL ANIMALS	169,523
Home Trade :	
Cattle	27,082
Sheep	103,653
Swine	22,948
TOTAL	153,683
Export :	
Cattle	9,914
Sheep	5,926
TOTAL	15,840

Number of Victuallers other than Pork Butchers using the Abattoir	61
Number of Pork Butchers using the Abattoir	24

INCIDENCE OF TUBERCULOSIS IN CATTLE KILLED AT ABATTOIR DURING TWELVE MONTHS ENDING 31st DECEMBER, 1968.

Class of Animal	Total No. Killed	Total No. Affected	Percentage Affected
Bulls	5	—	—
Bullocks	3,913	6	0·15%
Cows	1,014	5	0·49%
Heifers	31.490	67	0·21%
Calves	574	—	—
Total	36,996	78	0·21%

Cysticercus Bovis

Total number of cattle killed	36,996
Total number of cattle affected	434
Percentage affected	1.2%
Examination for Trichinosis	—

The total amount of unsound meat condemned at the Abattoir during the year 1968, was :

Tons	Cwts.	Qrs.
281	2	3

CARCASES WHOLLY OR PARTIALLY CONDEMNED BY THE CORPORATION VETERINARY STAFF AT THE ABATTOIR DURING THE TWELVE MONTHS ENDED 31st DECEMBER, 1968.

	Cattle		Sheep		Swine	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis	1	20	—	—	1	—
Traumatism	5	341	2	78	—	32
Oedaematous and Wasted	40	—	329	—	22	—
Gangrene	1	—	2	—	1	—
Redwater	5	—	—	—	—	—
Moribund and Ill Bled	29	—	47	—	10	—
Decomposition	2	—	24	—	8	—
Septic conditions	64	220	70	82	51	149
Carcinoma	3	—	1	—	1	—
Swine Erysipelas	—	—	—	—	1	—
Other conditions	20	68	45	641	4	262
Totals	170	649	520	801	99	443

PRIVATE SLAUGHTERHOUSES

Number of private slaughterhouses	34
Number of bacon factories	3
Number of export meat factories	1

(NOTE.—The bacon factories and the meat export factories are supervised by the Veterinary Staff of the Department of Agriculture).

Number of horse slaughterhouses (for proprietary dog food)	1
Number of knackers' yards	1
Number of victuallers using private slaughterhouses	87
Number of inspections of slaughterhouses	6,161
Number of cattle examined by Veterinary Staff in private slaughterhouses	54,659

The total number of pigs slaughtered in the three bacon factories for the year was 89,326

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTER-HOUSES

Cattle	54,659
Sheep and Lambs	166,914
Pigs	Nil

NUMBER OF ANIMALS TOTALLY CONDEMNED IN PRIVATE SLAUGHTERHOUSES

Cattle	4
Sheep	16
Pigs	Nil

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 25 tons, 3 cwts., 0 qr., 20 lbs.

SLAUGHTER OF ANIMALS ACT, 1935

Slaughter licences were issued under the Act to 60 applicants and the fees received amounted to £15 0 0d.

FOOD COMPLAINTS

During the year 58 complaints were made by members of the public concerning food purchased by them in the city. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises.

Veterinary Inspectors made 650 visits to food shops, depots cold stores, wholesale premises and factories, etc. Meat supplied to institutions of the Dublin Health Authority were inspected periodically, as were the supplies to the schools under the School Meals Scheme. The Corporation Wholesale Fish Market was inspected regularly during the year.

Total weight of unsound meat for the year from private slaughterhouses and Dublin Corporation Abattoir :

Tons	Cwts.	Qrs.	Lbs.
306	5	3	20

FOOD HYGIENE REGULATIONS, 1950

During 1968 there were 23 new applications for registration viz.: beef butchers 4, beef and pork butchers 5, pork 2, fish and poultry 5, fish 1, manufacturing and wholesale 6, horse meat Nil, beef and poultry Nil. The relevant premises were inspected and each applicant was granted registration, provisional registration or registration was refused. Business ceased in 7 premises and the registrations were cancelled. In addition premises which were provisionally registered at the close of 1967 were dealt with. The following table gives the position at the end of the year.

Type of Food Business	Registered	Provisionally Registered	Extended Provisional Registration	Refused Registration During Year	Appeals not Determined at 31/12/1968
Beef Butcher	373	—	—	—	1
Pork Butcher	91	—	—	1	—
Beef and Pork Butcher	62	—	—	—	—
Fish/Poultry/Rabbits	87	—	2	4	4
Food Manufacturing & Wholesale	54	2	2	—	2
Ice-cream Manufacturing	3	—	—	—	—
Horse Meat	—	—	—	—	—
Total	670	2	4	5	7

Under Article 44, Sub-Articles 2 and 3, 7 entries were cancelled in the Register of Food Premises.

Under Article 44, Sub-Articles 1 and 2, the registration of 22 applicants who transferred their business was cancelled, and the new proprietors' names were entered in the Register.

Apart from the supervisory visits of Veterinary Inspectors, 7,557 inspections of food premises were made by Health Inspectors during the year.

PROSECUTIONS

There were no prosecutions brought during the year for the contravention of the Food Hygiene Regulations.

DISEASES OF ANIMALS ACTS

During the year 1968, there were 54,659 cattle examined by the Veterinary Staff of this Department in private slaughterhouses and only 33 of them were affected with tuberculosis.

Thus the total figures for the cattle slaughtered at the abattoir and in the private slaughterhouses in the City of Dublin for the year 1968 show that 91,655 cattle were slaughtered during the year and 111 of them were affected with the disease, which gives an overall incidence of 0.121% for the large number of cattle.

BOVINE TUBERCULOSIS ORDER, 1926

No. of cows found to be affected with Tuberculosis of the udder	Nil
No. of cows with abnormal udders in City Dairy Yards, on samples of milk being bacteriologically examined, found not to be affected with tuberculosis of the udder	5
Total number of animals dealt with	5

Routine work, mainly of a preventive nature, was carried out under the other Diseases of Animals Acts and Orders.

Inspections of the weekly Cattle Markets were made. Store cattle sales, lairages and special sheep sales were also inspected.

VETERINARY LABORATORY

MICROSCOPIC EXAMINATION OF MILK

Number of examinations	5
Number positive	—
Negative	5

MICROSCOPIC EXAMINATIONS (GENERAL)

Blood specimens examined for Anthrax	8 all negative
Other examinations	2

BIOLOGICAL EXAMINATION OF MILK FOR THE PRESENCE OF TUBERCLE BACILLI

Control Samples	131
Positive	Nil
Negative	131

BIOLOGICAL EXAMINATION OF MILK FOR THE PRESENCE OF BRUCELLA ABORTUS INFECTION

During the year agglutination tests for the presence of Brucella abortus infection were carried out on the blood of 131 guinea-pigs previously inoculated with milk. The following is a summary of the results :

Guinea-pigs inoculated with Milk	No. of Blood Samples Examined	No. Positive	No. Negative
(a) Highest Grade Milk	90	6	84
(b) Pasteurised Milk	34	—	34
(c) Grade A Pasteurised Milk	3	—	3
(d) Other Samples	4	—	4

PHOSPHATASE TEST 1968

The Phosphatase Test was carried out on six samples of milk during the year including samples from all shops selling loose milk.

All six of the samples proved to be of milk efficiently pasteurised.

EXAMINATION OF MILK FOR THE PRESENCE OF ANTIBIOTICS

Two hundred and forty-three samples of milk were examined during 1968 for the presence of antibiotics. Traces of antibiotics were found in two samples of milk examined.

In each case in which antibiotics were found in the milk, action was taken with the producers of the milk concerned and further samples of the milk in question are being examined.

VETERINARY DEPARTMENT (COUNTY)

OWEN H. CODY, M.R.C.V.S.

Chief Veterinary Officer

DUTIES OF THE VETERINARY DEPARTMENT

1. Milk and Dairy Inspection under the Milk & Dairies Act, 1935—1956 and various Regulations made thereunder.
2. Slaughterhouse, Meat Shop, Meat & Food Inspection under Food Hygiene Regulations 1950.
3. Duties under Diseases of Animals Acts and Orders made thereunder.
4. Slaughter of Animals Act—Licensing of Slaughtermen and enforcement of Regulations concerning treatment of animals in Slaughterhouses and use of humane killer.
5. Enforcement of Slaughterhouse Bye-Laws, for the licensing and registering of slaughterhouses, and keeping them in a clean and proper state.

The staff of the Veterinary Department consists of the Chief Veterinary Officer assisted by two Veterinary Officers, one part-time Veterinary Officer, and two Health Inspectors secunded on a whole-time basis to the Veterinary Department from the Dublin Health Authority.

MILK AND DAIRIES ACTS, 1935 AND 1956

Regulations under the Milk and Dairies Acts prescribe standards for cow-byre and Dairies, the inspection of same, protection of milk from contamination, clinical examination of dairy cows and other matters concerned with clean milk production. Dairies must be inspected quarterly and dairy cows examined once in each six months.

TABLE No. 1—Reports on the Inspection of Dairy Premises

Registered Milk Producers	372
Registered Milk Shops, Stores, etc.	323

Inspections made by Veterinary Officers		1,430
Inspections made by Health Inspectors		1,980
Cows Clinically Examined		13,041
Mastitis Detected :	Acute	10
	Chronic	20

During the year 312 Dealer's Licences were issued to milk shop owners throughout the County. There were 59 cancellations of dairy premises due to retirement from business, and 35 premises were registered—this made a total loss of 24 premises.

Standards of hygiene in dairies are fairly satisfactory, and efforts are constantly being made to raise standards to a higher level.

The Health Inspectors take milk samples regularly at Institutions under the control of the Dublin Health Authority and also from the supplies of some holders of licences for the production of highest grade milk at the request of the Department of Agriculture. The results on the tests carried out on these samples were generally satisfactory.

Four complaints regarding milk sold to members of the public were received and investigated. In the case of one of these complaints legal action was taken by the County Council against the supplier for breaches of the Regulations.

HEALTH ACTS 1878—1947

Food Hygiene

There are 17 licensed private slaughterhouses, an Abattoir owned by the County Council, and one meat factory in the County. The abattoir is located in Balbriggan and caters for meat traders in that town. The meat factory, situated at Ballymun is privately owned, and is licensed by the County Council for the slaughter of cattle and sheep for home consumption. It is also licensed by the Department of Agriculture for the slaughter of sheep for export. All carcases for sale in the City must be inspected and stamped by a member of the Veterinary Staff under meat inspection bye-laws of the Dublin Corporation. At Ballymun, stamping of this meat is carried out by the Veterinary Staff of the Department of Agriculture. In five other slaughterhouses where animals are slaughtered for use both in the City and County, meat which is intended for the city is stamped by staff from this Department. Standards of hygiene in slaughterhouses are satisfactory in most cases. Occasional lapses were observed and the owners on being approached quickly rectified the cause of complaint.

Repairs and improvements were effected in a number of premises. In the County Council Abattoir at Balbriggan repair work was completed—this included a new roof, new floors, improved drainage, interior and exterior decoration.

Table No. 2 contains details of registered slaughterhouses, meat traders and meat shops in the County, together with inspection of same.

TABLE No. 2.—Inspection of Slaughterhouses and Meat Shops

Licensed Slaughterhouses	18
Meat Traders using Slaughterhouses	35
Registered Meat Shops	119
Slaughterhouse Inspections :	
Veterinary Officers	1,132
Health Inspectors	832
Meat Shop Inspections :	
Veterinary Officers	1,360
Health Inspectors	833

Table No. 3 contains details of the inspection of food animals carried out by Veterinary Officers and Health Inspectors, together with total number of slaughterings in all districts during the year.

TABLE No. 3.—Animals slaughtered and Inspected

	Cattle	Sheep	Pigs
Animals slaughtered throughout the County	6,304	26,086	290
Inspected by Veterinary Officers :			
Ante Mortem	665	2,503	29
Post Mortem	4,586	16,264	484
Inspected by Health Inspectors :			
Post Mortem	3,065	8,025	288

The number of pigs inspected exceeds the number slaughtered due to the fact that a number of butchers receive carcases from bacon factories supervised by the Department of Agriculture & Fisheries. The number of sheep slaughtered exceeds the total number inspected due to the fact that sheep slaughtered in Ballymun for sale in the City are inspected by the Veterinary Officers from the Department of Agriculture.

The foregoing table does not include slaughterings for export at the County Factory. It is estimated that over 200,000 sheep were slaughtered there last year for shipment to Great Britain and the Continent.

The Health Inspectors assist the Veterinary Staff in the inspection of slaughterhouses, meat shops, and meat. When major seizures of unsound meat, including entire carcases, appear to be necessary, they report to headquarters so that the material may be subjected to Veterinary inspection.

UNSOUND MEAT

Fluke infestation of the liver with consequent cirrhosis and abscess formation are responsible in the main part for condemnation of meat throughout the County. A number of carcasses condemned were animals which could be described under the heading of casualty slaughters. Slaughtering of this nature in private slaughterhouses is not encouraged due to the difficulty in making ante mortem veterinary inspection. Table No. 4 gives particulars of carcass seizures, partial carcasses include head and tongue.

TABLE NO. 4.—Return of Carcasses wholly or partially Condemned

Condition	Cattle		Sheep		Pigs	
	Whole	Partial	Whole	Partial	Whole	Partial
Emaciation	—	—	4	—	—	—
Traumatism	1	3	1	—	—	—
Tuberculosis	—	3	—	—	—	—
Actino	—	3	—	—	—	—
Abcess	—	1	—	—	3	—
C. Bovis	—	6	—	—	—	—
Fever	1	—	1	—	—	—
Ill-bleeding	—	—	1	—	—	—
Septic Pleurisy	—	—	—	1	—	—

The total weight of meat seized during 1968 amounted to approximately five tons. This figure includes weight of carcass meat condemned. Entire carcasses were removed to Messrs. O'Keefe's, Mill Street, for destruction. Diseased organs and parts of carcasses were destroyed locally by burial.

FOOD HYGIENE REGULATIONS 1950

The Health Inspectors were actively engaged during the year in an all-out drive to improve food hygiene standards in meat shops. A small number of shop owners failed to effect any improvements despite repeated warnings and legal action had to be taken by the Health Authority. In all there were three prosecutions. The cases were proved and fines were imposed.

One complaint was received from a member of the public in the south side regarding unsound food. The complaint was investigated and appropriate action was taken.

Table No. 5 gives details of registered premises i.e. butcher shops, meat wholesalers and premises in which meat or meat products are prepared or stored. The table also includes four premises registered for the sale of fish and poultry.

TABLE NO. 5—Food Hygiene Register

New Applications Received	4
Premises Registered Outright	2
Registered following Provisional Registration	—
Premises under Provisional Registration	1
Registration Refused	5
Applications under appeal to Minister	4
Total number of Registered Premises	119

SLAUGHTER OF ANIMALS ACT 1935

This Act requires, inter alia, all persons slaughtering animals to hold slaughter licences. Altogether thirty one men were licensed to slaughter animals in the County during the year.

DISEASES OF ANIMALS ACTS AND ORDERS

BOVINE TUBERCULOSIS ORDER 1926

No reports of suspected cases of Bovine Tuberculosis were received during the year.

BRUCELLOSIS

Brucella organisms were detected in one milk sample (Highest Grade) and the producer was visited and advised about isolation of affected or suspect animals. The herd was placed under close veterinary supervision and further samples were taken at regular intervals.

VETERINARY SERVICE—DUN LAOGHAIRE BOROUGH

M. F. Geraghty

Veterinary Officer

Duties are concerned with the Diseases of Animals Acts, Slaughter of Animals Act, 1935, Public Health (Veterinary Inspection) Order, 1929, Slaughter House Bye-Laws, 1941, Food Hygiene Regulations, 1950, Milk and Dairies Acts 1935 and 1956, and regulations thereunder.

Inspection of Meat Shops

During the year 236 inspections were carried out to ensure compliance with the Food Hygiene Regulations.

Slaughterhouses

There are 10 privately owned slaughterhouses. One owner was prosecuted under the Slaughter House Bye-Laws and was convicted and fined. During the year 1,219 inspections were carried out.

Below is a summary of the animals slaughtered :

	Number slaughtered	Partly condemned	Wholly condemned
Cattle	2,689	177	Nil
Sheep	14,918	381	Nil
Pigs	2,069	141	Nil

Unsound meat and offals, etc. condemned amounted to approximately 2,751 lbs.

Cirrhotic livers in cattle and sheep and pleurisy and pericarditis in pigs accounted for most of the condemnations. Cysticercus bovis infection was encountered in 2 heifers. Tuberculosis was found in one heifer and four pigs.

Slaughter of Animals Act

In accordance with this Act, persons engaged in the slaughter of animals are required to hold a licence and to use an approved instrument for the stunning of animals previous to slaughter.

Fourteen licences were issued during 1968.

Milk and Dairies Acts

Number of dairymen on Register	118
Number of registered milk shops	114
Number of bottling premises	1
Number of milk producers	3
Number of cows in herds of milk producers (approx.)	62
Number of inspections of dairy premises	116

EXAMINATION OF COWS IN DAIRY HERDS

Clinical examination failed to reveal any cows coming within the meaning of the Tuberculosis Order 1926. Four individual samples from cows with indurated udders were examined microscopically for tubercle bacilli with negative results.

MILK AND DAIRIES (SPECIAL DESIGNATIONS) REGULATIONS

Under these regulations 112 dealers' licences were issued during the year to sell pasteurised milk. There is one Pasteurising Plant licenced by the Minister of Agriculture. During the course of inspections of the plant 8 samples taken and submitted to the State Laboratory proved satisfactory on examination.

CITY BACTERIOLOGY LABORATORY

Dr. M. O'Grady

Bacteriologist

Number of specimens received at the Laboratory and the sources from which they came.

St. Mary's Chest Hospital	1,515
James Connolly Memorial Hospital	5,845
Vergemount Fever Hospital, Clonskeagh	4,533
Cherry Orchard Hospital	529
Stewart's Hospital, Palmerstown	83
Orthopaedic Hospital, Clontarf	68
Royal Victoria Eye and Ear Hospital	38
St. Patrick's Home, Navan Road	532
Charles Street Clinic	962
Chest Clinic, 37 Castle Street	980
Our Lady's Clinic, Dun Laoghaire	210
Chest Clinic, Crumlin	386
B.C.G. Clinic, Crumlin	2
General Practitioners	217
Chief Medical Officer's Department	1,980
Cork Health Authority	7
Port Health Department	74
Veterinary Department	566
Total	18,527

In the following list we enumerate the types of specimens received and the examinations which were made on these specimens :

Faucial and Nasal Swabs for :	
C. Diphtheriae	224
Beta-haemolytic Streptococci	313
Faucial Swabs for :	
Vincent's Angina	210
Swabs for Staphlococci and other organisms	84
Specimens of :	
Blood for Widal Reaction	148
Blood for Blood Culture	26
Cerebro Spinal Fluids	52
Urine	1,605
Faeces—examined for Entero-pathogenic organisms	4,938
Pus	33
Pleural Fluids	68
Sputums for organisms other than tubercle bacilli	1,085
Specimens for Myco. tuberculosis—direct examination	7,513
Specimens for Myco. tuberculosis—culture	4,784
Samples of :	
Milk	347

Waters (including 172 sea-waters)	1,226
Frozen Eggs	3
Ice Cream	183
Fresh Cream	24
Shell-fish	26
Food-samples for Bacteriological control	24
Food-samples for food-poisoning organisms	27

Antibiotic sensitivity tests :

Mycobacteria Tuberculosis	650
Other organisms	1,598

Other tests :

Catalase tests on Myco. tuberculosis	613
Niacin tests on Myco. tuberculosis	612
Animal Inoculations	46

Table 1 enumerates the specimens which were cultured for Myco. tuberculosis and the numbers and percentages of positives and negatives obtained :

TABLE 1

	Total No.	Positive	Negative
Sputum	3,768	421—11%	3,347—89%
Laryngeal Swabs	657	7—1%	650—99%
C.S. Fluids	9	Nil	9—100%
Pleural Fluids	38	3—8%	35—92%
Urines	247	7—3%	240—97%
Bronchial Swabs	4	Nil	4—100%
Various, Pus, etc.	61	4—7%	57—93%

Sensitivity tests were done on all patients from whom Myco. tuberculosis was isolated on culture and the results are shown in Table 2.

TABLE 2

	Total No.	Sensitive	Resistant
Streptomycin	647	519—80.22%	128—19.78%
PAS	641	578—90.17%	63—9.83%
INAH	641	475—74.11%	166—25.89%
Isoxyl.	70	52—74.29%	18—25.71%
Ethambutol	38	38—100%	Nil

The Intestinal Pathogens isolated and the numbers of times they were isolated are listed below :

Salmonella stanleyville	536
Salmonella typhi	4
Salmonella panama	1
Shigella sonnei	20
Shigella flexneri	1

739 typeable E. Coli were isolated from faeces of infants under 2 years of age and were divided as follows :

E. coli 0111	568
E. coli 0125	122
E. coli 086	12
E. coli 055	10
E. coli 0119	9
E. coli 026	8
E. coli 0126	8
E. coli 0128	2

101 specimens of faeces taken from cattle at Dublin Abattoir were examined for resistant strains of Coliform Bacilli. None were isolated which showed resistance to any of the following drugs:
Chloramphenicol, Colistin, Nitrofuradantin, Negram, Penbritin, Streptomycin, Tetracycline and Sulphafurazole.

46 specimens of faeces were collected from pigs at Dublin Abattoir and were examined for resistant strains of Coliform Bacilli. 27 (58%) produced a strain resistant to one or more drug. All 46 were negative for Salmonella.

32 samples of sausage were examined for resistant strains of Coliform Bacilli and 18 (56.25%) produced a strain resistant to one or more drug.

61 cloacal swabs from chickens were examined for Salmonella (with reference to Salmonella stanleyville which was isolated from humans 536 times during the year). All specimens were negative.

48 samples of chicken feed were examined for Salmonella. All samples were negative.

70 swabs taken from Beef carcasses at Dublin Abattoir were examined for Salmonella. One was positive for Salmonella Dublin.

30 swabs from carcasses and blocks in Butchers Shops were examined for Salmonella. One was positive for Salmonella Dublin.

The following is a list of the foods examined which were suspected of causing food-poisoning :

	Sample
Chicken	5
Milk	4
Fish—mackerel	1
Rabbit	1
Sardines	1
Corned Beef	1
Custard	1
Cranberry Sauce	1
Ice cubes	1

	Sample
Strawberries and cream	1
Ice Cream	1
Tomatoes	1
Tomato Puree	1
Beans	1
Creamed Rice	1
Cheese flavoured poppies	1
Cake	2

Staph. albus was isolated on three occasions—twice from cooked chicken and once from custard.

All other foods were negative.

Of 183 Ice Creams examined 7 were considered unsatisfactory, having B.coli present in 0.01 cc. and more than 200,000 colonies per cc. on Plate Count at 37°C.

Of 26 batches of shellfish examined :
24 were Grade I (not more than 5 Bact. coli Type 1 per ml. of shellfish)
2 were Grade II (6—15 Bact. coli. per ml. of shellfish)

All the milk samples submitted were examined for Penicillin and it was found to be present in 3 samples.

One sample of Dessicated Coconut was examined for Salmonella and was negative.

I wish to thank all the staff for their kind co-operation during the year.

DEPARTMENT OF THE CITY ANALYST

FERGUS HILL

Dublin Region Public Analyst

A Deputy Public Analyst, Dr. T. O'Toole and a permanent analytical chemist, Miss T. Mitchell, B.Sc. joined the staff during the year. The total staff now consists of 1 Public Analyst, 1 Deputy Public Analyst, 4 permanent analytical chemists, 2 temporary analytical chemists, 3 laboratory assistants, 1 laboratory aide and 1 clerk typist.

A total of 8,890 samples were analysed during the year. They were submitted under the following headings :

DUBLIN HEALTH AUTHORITY

By Inspectors under the Sale of Food and Drugs Acts; The Public Health Preservative Regulations, 1928; and the Food Hygiene Regulations, 1950.

		Total	Samples for the area per 1,000 of the population
Dublin City Area :			
Formal samples	3,314		
Informal samples	294	3,608	6·3
Dublin County Area :			
Formal samples	532		
Informal samples	48	580	3·3
Dun Laoghaire Borough :			
Formal samples	261		
Informal samples	44	305	5·9
Grand Total		4,493	5·6

Samples in connection with complaints made by members of the public re purchases of food and drugs 32.

Samples submitted by the Dublin Port Medical Officer :

Imported Foods	8
Ships' Water Supplies	45

Analyses for Dublin Health Authority Institutions and Sections:

Water and effluents	26
Other samples	49

Water Supplies :

City	66
Dublin County	63
Dun Laoghaire Borough	44

DUBLIN CORPORATION

Control samples of sewage, effluent and sludge from the Outfall Works, Pigeon House Road	454
Sanitary Services Section :	
Deposit Gauge samples	64
Lead dioxide cylinders samples	78
Determination of sulphur dioxide and smoke	247
Sodium Bicarbonate (Tara St. Baths)	1
Waterworks Department :	
Waters	2
Leads	1
Solders	3
Public Lighting Department :	
Paints	6
Veterinary Department :	
Dirty milk bottles, milk,	4
Finance Department :	
School Meals	28
Cleansing Department	
Water	1

DUBLIN COUNTY COUNCIL

Water samples submitted under the Health (Fluoridation of Water Supplies) Act, 1960	38
Effluents	130

OTHER LOCAL AUTHORITIES

		Total
Inspectors' Formal Food & Drugs Samples –	674	
Inspectors' Informal Food & Drugs Samples	1,125	
		1,799
Waters	392	
Effluents	155	
		547
Waters submitted under the Health (Fluoridation of Water Supplies) Act, 1960	82	82
		2,428

Samples from private individuals and commercial firms, submitted on a fee paying basis :

Waters	140

Effluents	41
Other samples (fertilisers, feeding stuffs, coals, foods, drugs, polyvinyl chloride, spirits, urines, animal viscera etc.)	528

Dublin Health Authority Area (City, County and Dun Laoghaire)

The total number of food and drugs samples taken for analysis by Dublin Health Authority Inspectors was 4,493 of which (excluding whole milks) 48 (1.07%) were unsatisfactory. Two out of 518 whole milk samples were deficient in fat (less than 3%) and 175 were deficient in non fatty solids (less than 8.5%).

The articles most frequently sampled by Inspectors in Dublin City were : milk 440, butter 330, ice cream 146, baby food cereals 143, sausages 114, lard 111, margarine 99, dripping 99, whiskey 83, jam 64.

The details of the 48 unsatisfactory samples are as follows :

Infringement of the Preservative Regulations

The following items contained the amounts indicated of sulphur dioxide in parts per million parts of sample. For such items only 450 parts per million are permitted.

Beefburgers (2)	652, 544.
Steakburgers (2)	850, 608.
Sausages (4)	704, 576, 614, 550.

The following items contained undeclared sulphur dioxide :

Beefburger	109
Sausages	192
Porkburger	172

A sample of brawn contained 108 parts per million. Brawn may not contain any preservative.

Non Permitted Preservatives

Imported smoked salmon (1) : Contained the non permitted preservatives benzonic acid and sorbic acids and an ester of parahydroxybenzoic acid.

Imported fish (1) : Contained benzoic and sorbic acids.

Excess moisture in butter (4) : Butter may not contain more than 16% moisture. Four samples contained 16.5, 16.3, 16.3 and 16.2 per cent respectively.

Cereals containing live mites (10) : Five samples of pearl barley, one of flake meal, three of soup mix and one of long grain rice contained live mites.

Whole grain Rice (1) : Contained one live flour beetle.

Compositional deficiencies in ice cream (4) : Four samples of ice cream contained 4.81, 4.33, 4.31 and 4.08 per cent by weight of milk fat respectively. The Ice Cream Regulations, 1952 prescribe that ice cream should contain not less than 5% by weight of milk fat.

Whiskey (2) : Two samples of whiskey were adulterated with 6.92 and 6.23 per cent excess water respectively.

Dripping (2) : One sample contained 1.8% moisture (maximum 1%) and the other 2.66%

Ammoniated Tincture of Quinine (7) : Six samples were found to be deficient of 3.9, 16.6, 31, 22.8, 36.5 and 40 per cent respectively of the minimum amounts of ammonia which they should have contained. One sample was deficient of 5% of the minimum amount of quinine which it should have contained.

Tincture of Iodine (1) : Contained 10.36% iodine. It should not have contained more than 2.7%.

Lime Juice Cordial (1) : Contained the colour Blue VRS. This colour will not be permitted when the "Colouring Matter in Food" Regulations come into force.

Sandwich Spread (*Liver & Bacon*) (1) : Contained green mould.

Fresh Cream Trifle (1) : The white topping of the trifle contained 29.35% fat. The fat was a mixture of fats and contained only 29% milk fat. The description "fresh cream" when used without further informative qualification in describing a food such as a trifle, in which a purchaser could reasonably expect to find genuine dairy cream, connotes dairy cream.

Low Non Fatty Solids in Milk (175) : 175 of the 518 (33.78%) whole milk samples submitted from Dublin City, County and Borough of Dun Laoghaire were found to be deficient in non fatty solids. In 1967 40.8% of the samples were deficient. The legal minimum standard, which is absolute, for the non fatty solid content of whole milk is 8.5%.

There is an interrelationship between milk composition and the nutritive intake of the cow. The feeding in Winter of low dry matter silage or poor or medium quality hay restricts nutrient intake which results in many cases of low non fatty solids in milk in Winter and Spring. Hay and silage tend to be high in fibre but low in energy. This set of circumstances favours the production of acetate in the rumen. This is conducive to fat synthesis. Early grass is low in fibre but high in energy value. This situation favours protein production which is reflected in an increase in the non fatty solids content of the milk.

COMPLAINT FOOD SAMPLES (DUBLIN CITY, COUNTY AND BOROUGH OF DUN LAOGHAIRE)

Thirty-two samples were examined as a result of complaints made in the public interest in connection with food purchases. After examination 5 of the complaints were considered genuine. The details of the genuine complaints were

Creamery Butter (2) : Both samples were rancid and had unpleasant odours. The free fatty acid contents were 0.68% and 0.73% oleic acid respectively.

Bread (1) : Had a mouldy odour and showed several areas of pink and green mould growth.

Sugar (1) : The sample had a strong perfume like persistent odour probably picked up on storage.

Canned Peas (1) : A small disintegrated dead mouse (wet weight 6 grams) alleged to have been found in the peas on opening of the can was shown by the determination of the percentage of soluble collagen in its skin to have received a heat treatment consistent with the normal heat processing given to a 15½ oz. can of peas.

During the year 28 sets of school meal sandwiches and fruit buns were analysed for the School Meals Scheme of Dublin Corporation. Qualitative and quantitative tests were carried out on the ingredients.

The analytical skills of the City Laboratory chemists and assistants and the efficiency of the clerical staff are gratefully acknowledged.

TABLE SHOWING THE RANGE OF DEFICIENCIES IN PERCENTAGE NON FATTY SOLIDS IN MILK SAMPLES TAKEN IN DUBLIN CITY, DUBLIN COUNTY AND DUN LAOGHAIRE IN 1968

Month	Total number of samples submitted in the month	Range of Deficiencies in percentage non fatty solids				Total Deficient	Percentage of Years total	Percentage of total samples submitted in the month which were deficient	Lowest figure of month
		8.49-8.40	8.39-8.30	8.29-8.20	8.19-8.11				
January	54	16	15	11	1	43	24·57	79·62	8·19
February	51	16	14	12	4	46	26·28	90·20	8·11
March	37	13	12	5	Nil	30	17·14	81·08	8·26
April	49	13	12	3	2	30	17·14	61·22	8·18
May	50	5	Nil	Nil	Nil	5	2·86	10·00	8·43
June	38	Nil	Nil	Nil	Nil	Nil	—	—	8·59
July	37	1	Nil	Nil	Nil	1	0·57	2·70	8·46
August	25	1	Nil	1	Nil	2	1·14	8·00	8·29
September	45	Nil	Nil	Nil	Nil	Nil	—	—	8·61
October	56	5	Nil	Nil	Nil	5	2·86	8·93	8·40
November	46	Nil	Nil	Nil	Nil	Nil	—	—	8·51
December	30	11	1	Nil	1	13	7·43	43·33	8·18
Total	518	81	54	32	8	175			
Percentage of the years total samples submitted found deficient in the range indicated		15·64	10·42	6·18	1·54				
Percentage of years total falling below 8·5			33·78						

TABLE SHOWING THE PERCENTAGE OF FAT IN MILK SAMPLES TAKEN IN DUBLIN CITY, DUBLIN COUNTY AND DUN LAOGHAIRE IN 1968

Month	Total number of samples submitted in the Month	Percentage Fat																Percentage of Years Total
		3·0	3·1	3·2	3·3	3·4	3·5	3·6	3·7	3·8	3·9	4·0	4·1	4·6	5·3	1·4	2·9	
January	54					9	17	20	7						1			10·42
February	51				1	14	26	9	1									9·85
March	37				2	18	10	6	1									7·14
April	49			1	10	11	21	5									1	9·46
May	50			5	16	18	10				1							9·65
June	38			2	16	16	4											7·34
July	37					15	14	6	2									7·14
August	25				2	8	10	4		1								4·83
September	45				2	1	11	6	10	12	2	1						8·69
October	56				1		1	7	17	14	14		1	1				10·81
November	46	1					1	4	14	13	11		1			1		8·88
December	30						4	2	13	7	3	1						5·79
Total	518	1		8	50	110	129	69	65	47	31	2	2	1	1	1	1	
Percentage of Years Total		0·19	—	1·55	9·65	21·24	24·90	13·32	12·55	9·07	5·98	0·39	0·39	0·19	0·19	0·19	0·19	
Percentage of Years Total falling below the minimum legal standard of 3·0%											0·39							

ST. MARY'S HOSPITAL ANNUAL REPORT

L. B. GODFREY M.D., M.R.C.P.I.

Medical Superintendent

The year 1968 is the first whole year since the geriatric service started for which figures are available for St. Mary's Hospital. The fragmentation of facilities as exist generally at present without over-all co-ordination of effort makes comprehensive assessment of the geriatric service impossible.

To the extent to which this is possible in St. Mary's, however, there is no doubting the efficiency of a properly organised service in regard to the elderly patient presenting problems of geriatric assessment and care. Owing to the reorganised facilities the figures will not be comparable with previous years when the emphasis on the geriatric aspect was less apparent, at least in regard to their comprehensive care.

Frustration and lack of satisfaction in attempting medical practice to-day is inevitable unless an integrated and universally applied scheme is accepted and honestly applied. The present problem of the growing numbers of elderly people cannot be disregarded by medical or lay workers and to the extent which the medical world fails to comprehend this, it is failing in its prime purpose—the application of medical science to the betterment of all who stand in need of it regardless of age or circumstances.

There is no doubt that this comprehension is not in sufficient evidence to-day and this fact constitutes the major problem in the effective practice of geriatrics. The social needs are also great and this is a major element in the care of old people. The medical profession cannot provide the solution to these needs : the work of the doctor is made all the more difficult because of the social needs but he can never be regardless of them or his treatment will be largely futile.

Domiciliary visiting has been greatly developed and has given ample proof of the necessity for this. It has reached an average of more than one per working day. A great insight into the overall problem of the person is obtained and the necessity for an adequate domiciliary service is highlighted. The number of non-acceptances was relatively small at 37 constituting 10% of those visited, and 121 were otherwise catered for.

Despite any prejudices, it is an undoubted impression that application for admission to hospital is made only at a very late stage and when the prospects for rehabilitation and discharge are particularly poor even if accommodation were forthcoming. Despite this some 52% of geriatric admissions were discharged often to precarious circumstances owing to lack of Welfare Home accommodation. Some 22% went to Long Stay Units and the death rate was about 20%. Included in the discharged numbers are those sent to Welfare Homes which latter have been provided in the grounds of the hospital, so that though still in the hospital area they are not occupying beds suitable for active medical therapy. This conversion is still not completed to enable some of the more frail ambulant to be accommodated there.

The present situation in regard to accommodation and demand for admission gives cause for apprehension. There is not a single increase in Geriatric accommodation for long stay patients or Welfare Homes for those in need of adequate housing outside hospital. The accretion of Geriatric patients from the Mental Hospitals may give the appearance of progress in this field, but it adds only to the magnitude of the problem of those dealing with Geriatrics, adding only numbers of patients but no improvement in accommodation facilities and leaving the overall numbers in the Health Authority's responsibility unchanged, only under a slightly different label.

Additional accommodation is needed with increasing urgency or the best efforts to cater for the problem will be of no avail. I would again stress the necessity for the type of accommodation as is available in Blanchardstown and Clonskeagh Hospitals as stressed as long as two years ago. There is an almost unlimited need for special housing in the community, in new building schemes and community nursing services.

Likewise there has been no significant increase in the number of doctors in the Service nor any prospect of this.

There is a continuing very considerable admission rate to the General Medical beds as distinct from geriatric numbers. Also the Intensive Care area is taking shape though incredibly slowly. Its facility will be available to acutely ill patients in need of intensive nursing care.

There is an ever recurring staff problem particularly in regard to nursing but also frequently of ancillary staffs such as physiotherapists. It is only rarely, if at all, that a full complement has been available.

The old Coombe Hospital has begun operating as a club and some facilities from the hospital are being provided there, such as physiotherapy and chiropody. But so far this only touches on its potentialities and again progress in the provision of amenities is disastrously slow. The greatest credit is due to the efforts of the Voluntary workers of the Red Cross in providing this necessary help.

There is the impossible task of attempting to thank all those operating the service, the nursing staff, medical, clerical and ancillary staffs such as social workers, physiotherapists and occupational therapists. There is, I am certain, no adequate knowledge or appreciation of the work being done by all these different people for what tends, or appears, to be the cinderella service, but than which there is no more important, urgent or numerically larger branch of medicine at the present time. It is not newsworthy in competition with the few dozen experimental transplants in the world but anyone will find as many old people needing special and medical support in any hundred yards of street.

Total number of patients admitted	2,089
General Medical Cases	815
Assessment Geriatric Cases	439
Geriatric Cases (long stay)	74
Welfare Cases	30
Short Stay Cases to Convalescent Unit	84
Dental Cases	647
General Medical Cases transferred to Geriatric Section (long stay beds)	35
Assessment Geriatric Cases to long stay beds	55
,, ,, ,, to Rehabilitation Unit	122
,, ,, ,, to Welfare Beds	21
General Medical Cases to Welfare Beds	40
Total number of patients discharged	1,746
General Medical Cases	625
Assessment Geriatric Cases	154
Geriatric and Rehabilitation Cases	167
Welfare Cases	33
Short Stay Cases from Convalescent Unit	117
Dental Cases	650
Total number of deaths	297
General Medical Cases	115
Assessment Geriatric Cases	77
Geriatric and Rehabilitation Cases	97
Welfare Cases	8
Total number of patients in hospital 1/1/68	413
General Medical Cases	78
Dental Cases	4
Geriatric	207
Psycho Geriatric	124
Total number of patients in hospital 1/1/69	459
General Medical Cases	57
Assessment Geriatric Cases	30
Geriatric	223
Welfare	140

Short Stay (Convalescent Unit)	8
Dental	1

Percentage Occupancy :

76% Acute Medical patients
80% Assessment patients
90% Geriatric patients
30% Dental patients.

Bed Turnover :

13.5 General Medical patients per bed
13.4 Assessment patients per bed
6 Convalescent patients per bed
40.6 Dental patients per bed

Length of Stay :

22 days per General Medical patients
23 days per Assessment patients
36 days per Convalescent patients
3 days per dental patients

Turnover Interval :

7 days per General Medical patients
4 days per Assessment patients
23 days per Convalescent patients
6 days per Dental patients.

Number of beds available : 565 (70 medical beds, 32 assessment beds, 16 dental beds, 250 geriatric beds, 180 welfare beds, 17 convalescent beds).

INVESTIGATIONS :

X-ray examinations (straight films)	4,452
Tomograms	5
Bronchograms	23
Barium Meals and Enemas	79
Cholecystograms	21
Abdomens	59
Pyleograms	30
Skeletons	675
Portables	178
Out Patients	415
Electrocardiograms	2,011
PCO_2 examinations	560
Spirometries	1,025
Arterial Bloods	165
Oxygen Saturation Tests	170
Prothrombin Time Tests	200
Full Blood Counts	2,010
Blood Ureas	1,524
Bleeding Time and Clotting Time	475

During the year 1968, 200 examinations were carried out by the Ear, Nose and Throat Consultant.

In the Dental Department there were 349 examinations by the Dental Surgeon. There were 165 extractions, 13 fillings and there were 39 dental plates issued to patients.

The *Ophthalmologist* carried out 45 examinations for eye conditions.

The *Chiropodist* carried out 1,041 treatments.

There were 939 patients examined at the Out Patient Department.

Social Workers : History taken of 1,442 admissions, Home Visits 598, social help given to 746 cases.

Physiotherapists : Treatment was given to 189 patients.

Occupational Therapy : Instruction was given to 451 patients.

ST. KEVIN'S HOSPITAL—ANNUAL REPORT 1968

Dr. James St. L. O'Dea

Medical Superintendent

During the year which ended on 31st December, 1968, certain developments worthy of note took place. I use the word "developments", deliberately as progress was mainly confined to the extension and improvement of existing services.

In this regard, pride of place must be given to the reconstruction of a large ward which now contains our Paediatric Unit of 40 cots. While valuable work was done under difficulties in the former unit, it had many deficiencies. However, by the clever use of floor space and by careful internal partitioning and glazing, a Unit was designed in which we now have proper isolation cubicles, a treatment room, as well as adequate piped oxygen outlets, electric power points and bathing facilities. The decor is bright and attractive, and the noise problem has been effectively controlled.

Arrangements which have been made for the provision of new Laboratory accommodation, which when completed, will release badly needed space in Hospital 7. Some of this will then be utilised for a modern post-operative recovery room adjacent to the Operating Theatres.

The Out-Patients Department (See Table 2) has become totally inadequate and unsuitable for the expanding demands being made on it. As a result this service is being severely restricted. Its further development must await the construction of a considerably enlarged department, and I hope that this will be embarked upon as a matter of top priority. The Report of the Consultative Council on the General Hospital Services states that there should be increasing emphasis on out-patient care which is both medically and socially more beneficial and less irksome to the patient concerned. It is also more economical and in these days of escalating hospital costs it should be remembered that this is a service which, properly utilised and efficiently run, can often avoid the need for admission, but when admission is necessary it can considerably reduce the duration of stay in hospital. The Consultative Council regard out-patient diagnostic services of "supreme importance" and recommended that these should be provided as soon as possible and should not await the completion of comprehensive in-patient accommodation. I cannot imagine informed people finding anything contentious or controversial in this recommendation and, therefore, am optimistic that early action can be expected towards its implementation.

Geriatric Unit

Early in the year it was arranged that Dr. J. J. Flanagan would undertake the duties of Physician in charge of the Geriatric Unit on a whole-time basis. He was permitted to relinquish his administrative duties as Assistant Medical Superintendent, and this enabled him to devote much more time to the organisation and care of patients in this Unit. He has also been more readily available for domiciliary consultations on patients, and for some months past has been averaging about five consultations each week.

The Day Hospital—opened last year—has proved very helpful and successful in dealing with elderly patients who do not require admission on a full-time basis, or who are not in need of detention as in-patients for the completion of their hospital treatment. During the year under review 249 patients were treated and at present the number attending varies from 25 to 35 each week.

It is hoped that there will be considerable expansion in the valuable work of the Day Hospital in the near future, and additional accommodation (including a residential flat) has been planned to cater for more patients, and for an extension of training in daily living activities. This development will enable us to provide a still higher standard of service, to deal with even more patients, and to discharge them in a state of greater confidence and greater competence in their self-care capabilities.

MATERNITY UNIT

Dr. T. D. Hanratty issues a comprehensive Annual Report on the activities of this Unit. The admissions this year were 2,056, a considerable reduction for the figure for 1967. However, booking of new patients is now increasing and it seems almost certain that the downward trend will be not alone halted, but actually reversed in the next year.

SCHOOL OF NURSING

The School of Nursing has made a most creditable beginning. The examination results were most satisfactory with 100% pass rate (one honours) amongst the first group to sit the Final Examination. There is an overwhelming number of applicants who wish to enter the School and this is very gratifying to those whose efforts were responsible for its foundation. Its future appears to rest on solid foundations.

MEDICAL STAFF CHANGES

During the year Dr. Alan Mooney resigned from his post as Ophthalmologist to the hospital. This was due to his very many and increasing commitments elsewhere. He has earned our gratitude for his excellent service to the patients of St. Kevin's.

Dr. Kibon Aboud has replaced Dr. J. J. Flanagan—in an acting capacity—as Assistant Medical Superintendent. He is to be congratulated on obtaining his Diploma in Hospital Administration.

HOSPITAL SERVICES

During the past year the admissions to the hospital, including births, were 9,970. Discharges amounted to 9,022, and deaths totalled 1,100.

TABLE I

GENERAL ADMISSIONS
(Excluding Maternity Dept.)

Admissions	0-15 yrs.	16-64 yrs.	65-74 yrs.	75+yrs.
Children	1,067	—	—	—
Males	—	1,295	824	623
Females	—	1,230	626	845
Total in 1968	1,067	2,525	1,450	1,468
Percentage of Total in 1968	16·4%	38·8%	22·3%	22·5%
Total in 1967	1,335	2,546	1,438	1,544
Percentage of Total in 1967	19·4%	37·1%	21·0%	22·5%

COMMENT

The number of old and long-stay patients in the hospital continues to present problems. As an indication of the effect which this produces, eleven of our wards admitted a total of only 58 patients to their 404 beds.

However, there has been a slight increase in the percentage of patients aged 16-64 years admitted in 1968 and also in the group 65-74 years. A fall has occurred in the group 0-15 years. The official complement of cots in the new Paediatric Unit has been reduced by 5. Surgical Operations totalled 1,537 of which 898 were major. The latter shows an increase of 94 over the previous year, although the overall total is slightly reduced due to fewer miscellaneous operations.

The average duration of stay for Surgical patients is 20.57 days, Gynaecological patients 7 days, and Maternity patients 7.64 days. The corresponding figures for medical patients is 67.76 days, but this includes long-stay wards. The average duration of stay for children in the Paediatric Unit is 19.17 days.

TABLE II

ATTENDANCE AT OUT-PATIENTS CLINICS

Clinic	In patients	Return patients	New out patients	Totals 1968	Totals 1967
Paediatric ……	125	693	86	904	866
E.N.T. ……	135	170	166	471	403
Ophthalmology	212	201	211	624	213
General Medical	43	2,332	340	2,715	2,127
Surgical ……	69	1,501	273	1,843	1,394
Gynaecology	43	468	126	637	625
Chiropody ……	1	640	4	645	651
Geriatric ……		174	8	182	162
Diabetic ……		112	7	119	97
Psychiatric ……	170	208	35	413	422
Speech Therapy	280	695	72	1,047	994
Totals ……	1,078	7,194	1,328	9,600	7,954

OUT-PATIENTS DEPARTMENT

The total attendances at the O.P.D. increased by over 20% compared to 1967. This is an important and desirable development, but as stated earlier, it has resulted in over-loading our limited accommodation and staff. This is something which must be corrected without delay if the service is to make further progress.

PARAMEDICAL STAFF

The work of the Radiographers, Physiotherapists, Dietitians, Medical Social Workers, Occupational Therapists, Speech Therapists and Chiropodists continues to play an ever-increasing part in the care of our patients. I should like to pay a tribute to the manner in which they carry out their responsible duties.

SENIOR HOSPITAL STAFF COMMITTEE

Because of the role selected for St. Kevin's Hospital by the Consultative Council on the General Hospital Services—of which I had the honour to be a member—and in view of the importance of the major development which this envisages, I called a meeting of the senior medical staff to discuss its implications. As a result, a very broadly based and representative committee was formed and Mr. Hugh MacCarthy, F.R.C.S., F.R.C.S.I., F.A.C.S. was elected as Chairman. This committee is now meeting at regular intervals and provides an excellent forum for discussion of the hospital services, their functioning, and proposals for their improvement. As Medical Superintendent I welcome this and find it to be of great assistance.

NURSING SERVICES

During the past year Miss A. Young was given a special assignment by the Dublin Health Authority in connection with

Nursing Education in the hospitals of the Authority. Miss Nora McCarthy, Deputy Matron, has been acting as Matron in her place. I should like to take this opportunity to thank Miss McCarthy for her considerable assistance in the administration of the hospital and for her many helpful suggestions in this regard. She, her Assistant Matrons, the nurses and ward staff are all deserving of gratitude for the high standards which they maintain in the hospital—often under difficulties.

RESIDENTIAL HOMES

These Homes are a necessary complement to the hospital, and I wish to thank the Matrons and staff for their co-operation and especially for the excellent manner in which they care for their patients many of whom are very feeble.

EPILOGUE

Finally, I wish to thank Dr. Aboud for his considerable assistance, and all the staff of my office for their co-operation and cheerful helpfulness.

ST. COLUMCILLE'S HOSPITAL

DR. W. J. ROCHE

Medical Officer

(St. Columcille's Hospital is recognised by the Royal College of Surgeons in Ireland as an Official Hospital of Training for the Final Fellowship Examination and also is recognised by the Royal College of Obstetricians and Gynaecologists, London, for training for membership and/or Diploma in Obstetrics Examination.)

During the year under review, the services of the Hospital continued to be availed of by more patients. The Casualty Department attendances figure of 3,658 is an indication of the large number of accidents occurring in the area served by the Hospital. In this connection the twenty-four hour ambulance service based at the Hospital continues to fill a great need.

The Resuscitation Room attached to the Casualty Department has proved very useful in dealing with very severe Casualty Cases. It is sometimes necessary to deal with these cases in the Resuscitation Room before they are fit to be removed to the Ward or Operating Theatre.

Patients suffering from poisoning continue to be a notable feature among admission to the Hospital. Full use was again made of the facilities available in the Resuscitation Room and advice when necessary was obtained from the Poisons Information Centre at Jervis Street Hospital. This service has proved to be of considerable assistance to the Medical Officer and his Staff.

The total number of births in the year exceeded 600. The attendance at the Ante-Natal, Post-Natal and Gynaecological Clinics held at the Hospital and at Our Lady's Clinic, Patrick Street, Dun Laoghaire, were as follows : County Dublin Patients—1,922 and County Wicklow Patients—1,705.

The X-Ray Department continues to be a very busy one. The total number of examinations carried out in the year under review was 6,428. The Medical Staff in the X-Ray Department has been augmented by the appointment of a further Radiologist.

The Physiotherapy Department, dealing as it does with the large number of accident cases admitted to the Hospital, serves a very useful purpose in the rehabilitation of these patients.

I would like to take this opportunity of expressing my appreciation of the help which I have continued to have from all the Staffs employed in the Hospital Surgical, Medical, Obstetrical, Nursing, Physiotherapy, X-Ray, Porter, Domestic, Ambulance and Kitchen Staffs. A particular expression of thanks is due to the Clerical Staff of the Hospital from whom I have obtained complete co-operation in the matters of administration of the Hospital.

MEDICAL STAFF

1 Medical Officer (part-time)
3 Surgeons (Visiting)
2 Obstetrician/Gynaecologists (part-time)
1 Surgical Registrar
2 Obstetrical/Medical Registrars
2 House Physicians
2 Anaesthetists (part-time)
3 Radiologists (part-time)

	Medical	Surgical	Maternity	Children	Total
Bed Complement	90	40	28	28	186
Patient Days	24,277	13,178	9,315	4,937	51,707
Remaining at 31/12/67	77	25	19	14	135
Admissions	786	869	926	456	3,037
Discharges	787	868	920	456	3,031
Remaining at 31/12/68	76	26	25	14	141

NUMBER OF BIRTHS

Live	608
Still	14
Total	622

GEOGRAPHICAL DISTRIBUTION OF PATIENTS

Dublin	1,656
Wicklow	1,364
Others	11
Total	3,031

SOURCE OF REFERRAL OF PATIENTS

	Medical	Surgical	Maternity	Paediatric
Specialist Clinic	—	15	—	7
District Medical Officer	197	102	160	66
Other General Practitioners	587	288	760	222
Direct admission because of accident or emergency	3	460		161
Other hospitals	—	3	—	—

List of Clinics Held at St. Columcille's Hospital

Surgical

Wednesday—2 p.m. Mr. F. J. Ward, M.Ch., F.R.C.S.I.

Thursday—2 p.m. Mr. H. MacCarthy, M.R.C.P.I., F.R.C.S.I., F.R.C.S.E.

Chest Surgery and Bronchoscopic Clinic

1st and 3rd Tuesday mornings of each month at 10.30 a.m.—Mr. B. O'Neill, M.Ch., F.R.C.S.I.

Maternity and Gynaecological

Dr. J. G. Gallagher, M.A.O., M.D.
Dr. M. Brennan, M.A.O., M.R.C.O.G.

St. Columcille's Hospital

Wednesday	11 a.m.	Gynaecological Clinic.
Tuesday	2 p.m.	First Visits, Bookings, etc.
Monday	10 a.m.	Subsequent Visits.

Dun Laoghaire—Our Lady's Clinic, Patrick Street

Thursday	2 p.m.	First Visits, Bookings and Return Visits.

DUBLIN HEALTH AUTHORITY

Statistical Summary 1967/68

Population Statistics

The population of the Dublin Health Authority area was 705,781 in 1956 and was 718,332 in 1961. The provisional 1966 census figures indicate that it has now risen to 795,047. Hereunder is an analysis of these figures :

Year	Total	City	County	Dun Laoghaire
1956	705,781	539,476	118,752	47,553
1961	718,332	537,448	133,092	47,792
1966	795,047	568,772	174,503	51,772
	+76,715	+31,324	+41,411	+3,980
% Increase 1961 base	(10·68%)	(5·83%)	(31·11%)	(8·33%)

GENERAL MEDICAL SERVICES

There are 45 dispensary districts in the Authority's area, containing 62 dispensaries with 82 medical officers employed. The cost of the service since 1960/61 is as follows :

1960/61	£259,758	1965/66	£496,296	
1961/62	£300,474	1966/67	£608,350	
1962/63	£336,458	1967/68	£776,835	
1963/64	£341,845	1968/69	£971,000	Estimated
1964/65	£436,233	1969/70	£1,080,300	Estimated

Expenditure on medicines for the same period was as follows:

1060/61	£90,191	1965/66	£214,793	
1961/62	£102,401	1966/67	£292,124	
1962/63	£128,303	1967/68	£385,682	
1963/64	£134,441	1968/69	£495,000	Estimated
1964/65	£160,577	1969/70	£560,000	Estimated

The following table indicates the average number of persons on the General Medical Register over the most recent years :

	Nos. of Cardholders	Nos. of persons covered cards	City	County	Dun Laoghaire
1962/63	32,131	94,401	80,393 (85.16%)	9,162 (9.71%)	4,846 (5.13%)
1963/64	32,968	94,457	78.533 (83.14%)	10,771 (11.40%)	5,153 (5.46%)

1964/65	33,692	95,815	76,913 (79.37%)	13,327 (14.36%)	5,575 (5.91%)
1965/66	36,566	101,298	79,181 (78.17%)	15,739 (15.54%)	6,378 (6.29%)
1966/67	41,031	112,414	93,761 (83.40%)	11,621 (10.34%)	7,032 (6.26%)
1967/68	45,972	122,361	101,699 (83.11%)	13,126 (10.73%)	7,533 (6.16%)
Six mths. to 30/9/68	49,763	128,708	7,174 (83.27%)	13,605 (10.7%)	7,929 (6.16%)

EXPENDITURE ON DUBLIN HEALTH AUTHORITY INSTITUTION

	Total £	City £	County £	Dun Laoghaire £
1962/63	1,702,842	1,387,471	205,188	110,183
1963/64	1,774,354	1,408,595	248,186	117,573
1964/65	2,062,326	1,590,245	325,181	146,900
1965/66	2,196,087	1,599,690	416,941	179,456
1966/67	2,627,605	1,093,378	500,076	224,151
1967/68	2,746,606	1,989,426	523,317	233,638
1968/69 Estimated	3,206,215	2,314,744	617,638	273,833
1969/70 Estimated	3,487,765	2,518,968	669,747	299,050

EXPENDITURE ON GENERAL HOSPITALS

	Total	City	County	Dun Laoghaire
1962/63	1,192,582	985,610	143,127	63,845
1963/64	1,338,622	1,117,477	147,249	73,896
1964/65	1,844,033	1,522,241	208,039	113,753
1965/66	2,211,427	1,839,885	235,700	135,842
1966/67	2,297,443	1,879,041	267,476	150,926
1967/68	2,344,207	1,930,630	269,323	144,254
1968/69 Estimated	2,700,000	2,223,000	310,700	166,300
1969/70 Estimated	2,800,000	2,300,000	322,000	178,000

ASSESSMENTS

			Assessible Cases		
	Section 25	Free	1/- to 5/-	6/- to 9/-	10/-
1962/63	5,643	23,697 (54%)	6,838 (16%)	3,811 (9%)	9,618 (21%)
1963/64	5,633	22,878 (57%)	6,153 (15%)	2,657 (7%)	8,479 (21%)
1964/65	6,296	25,029 (58%)	6,147 (14%)	2,187 (5%)	9,704 (23%)
1965/66	6,283	23,426 (54%)	5,911 (14%)	2,753 (7%)	11,236 (25%)
1966/67	8,262	32,364 (68%)	4,623 (10%)	1,654 (4%)	8,851 (18%)
1967/68	8,990	31,114 (63%)	5,390 (11%)	2,238 (4%)	10,635 (22%)

SCHOOL HEALTH AND CHILD HEALTH

Number of Children for whom Services were provided	Total	City	County	Dun Laoghaire
1961/62	2,284	1,751	396	137
1962/63	2,313	1,943	286	84
1963/64	2,489	2,072	333	84
1964/65	2,572	2,149	297	126
1965/66	2,383	1,900	345	138
1966/67	1,527	1,291	180	56
1967/68	1,222	1,000	172	50

Number of Children examined	Total	City	County	Dun Laoghaire
1961/62	76,571	63,892	7,850	4,829
1962/63	83,776	72,249	7,052	4,475
1963/64	78,115	64,891	7,949	5,275
1964/65	75,894	61,395	9,150	5,349
1965/66	76,520	62,763	8,831	4,926
1966/67	77,768	61,635	10,984	5,149
1967/68	79,500	59,500	131.00	6,900

MATERNITY HOSPITALS

Number of entitled Applications	Total	City	County	Dun Laoghaire	Expenditure
1961/62	13,029	10,725	1,840	464	£114,660
1962/63	13,905	10,791	2,516	598	£148,863
1963/64	13,746	10,936	2,275	535	£173,341
1964/65	14,096	11,017	2,451	628	£242,940
1965/66	14,828	11,298	2,715	815	£303,750
1966/67	13,758	10,147	2,803	808	£330,469
1967/68	16,525	12,318	3,637	570	£345,766
1968/69	—	—	—	—	£478,000*
1969/70	—	—	—	—	£496,000*

*Estimated

MENTALLY HANDICAPPED

Nos. maintained at	Total	City	County	Dun Laoghaire
1/4/61	836	694	102	40
31/3/62	853	703	105	45
31/3/63	845	710	92	43
31/3/64	839	706	94	39
31/3/65	848	720	91	37
31/3/66	839	700	101	38
31/3/67	868	728	102	38
31/3/68	872	738	92	42

DEAF AND DUMB

Nos. maintained at	Total	City	County	Dun Laoghaire
1/4/61	86	68	13	5
31/3/62	83	64	14	5
31/3/63	80	64	13	3
31/4/64	82	69	10	3
31/3/65	83	72	9	2
31/3/66	71	61	9	1
31/3/67	69	59	9	1
31/3/68	83	72	10	1

MATERNITY AND CHILD HEALTH SERVICES

DOMICILIARY CONFINEMENTS—*Applications approved*

Doctors (Panel)	Total	City	County	Dun Laoghaire
1961/62	5,646	3,994	1,193	459
1962/63	5,753	3,721	1,401	631
1963/64	5,541	3,632	1,296	613

1964/65	6,447	4,135	1,642	670
1965/66	6,433	4,010	1,663	760
1966/67	7,012	4,207	1,963	842
1967/68	6,858	4,082	2,189	587

Midwives (Panel)	Total	City	County	Dun Laoghaire
1961/62	3,145	2,224	665	256
1962/63	3,075	2,274	611	190
1963/64	2,876	2,196	523	157
1964/65	2,683	2,003	525	155
1965/66	2,212	1,680	435	97
1966/67	1,891	1,438	359	94
1967/68	1,501	1,134	299	68

MATERNITY CASH GRANTS—*Number paid*

	Total	City	County	Dun Laoghaire
1961/62	3,292	2,760	374	158
1962/63	2,942	2,483	342	117
1963/64	3,162	2,667	350	145
1964/65	3,121	2,674	308	139
1965/66	3,012	2,549	317	146
1966/67	3,266	2,731	379	156
1967/68	3,094	2,588	370	136

MILK FOR MOTHERS AND CHILDREN

Number of pints issued	Total	City	County	Dun Laoghaire
1961/62	1,427,309	1,284,000	84,860	58,449
1962/63	1,599,805	1,451,732	84,008	64,065
1963/64	1,565,045	1,400,341	93,963	70,741
1964/65	1,412,545	1,264,289	81,635	66,621
1965/66	1,443,587	1,300,000	80,319	63,268
1966/67	1,626,000	1,500,000	60,000	66,000
1967/68	1,530,418	1,384,525	71,045	74,848

WELFARE SERVICES

TUBERCULOSIS AND OTHER INFECTIOUS DISEASES

CASH GRANTS

Numbers on Register at	Total	City	County	Dun Laoghaire
1/4/61	730	648	67	15
1/4/62	635	557	64	14
1/4/63	592	513	63	16
1/4/64	455	401	39	15
1/4/65	377	347	22	8
1/4/66	323	296	17	10
1/4/67	306	277	21	8
1/4/68	306	259	28	19

Cost

1961/62	£62,702	1966/67	£35,207	
1962/63	£58,177	1967/68	£44,263	
1963/64	£45,544	1968/69	£54,000	Estimated
1964/65	£36,893	1969/70	£56,000	Estimated
1965/66	£36,577			

Rehabilitation and Maintenance of Disabled Persons

Numbers on Register at		Total	City	County	Dun Laoghaire
1/4/61	....	1,546	1,288	166	92
1/4/62	....	1,545	1,257	192	96
1/4/63	....	1,565	1,268	201	96
1/4/64	....	1,601	1,319	187	95
1/4/65	....	1,665	1,375	189	101
1/4/66	......	1,768	1,466	186	116
1/4/67	......	1,789	1,477	201	111
1/4/68	......	2,027	1,644	249	134

Cost

1961/62	£80,523	1966/67	£198,010	
1962/63	£85,830	1967/68	£247,200	
1963/64	£96,962	1968/69	£312,000	Estimated
1964/65	£119,880	1969/70	£341,000	Estimated
1965/66	£159,069			

Public Assistance at

Numbers receiving Home Assistance at		Total	City	County	Dun Laoghaire
1/4/61	....	3,341	3,115	128	98
1/4/62	....	3,181	2,948	134	99
1/4/63	....	3,184	2,967	130	87
1/4/64	....	3,009	2,805	112	92
1/4/65	....	3,080	2,900	100	80
1/4/66	......	3,172	2,943	114	115
1/4/67	......	4,046	3,743	188	115
1/4/68	......	4,233	3,873	225	135

Cost

1961/62	£114,638	1966/67	£231,110	
1962/63	£128,363	1967/68	£307,743	
1963/64	£132,792	1968/69	£360,000	Estimated
1964/65	£168,127	1969/70	£392,000	Estimated
1965/66	£189,821			

Blind Welfare

Number of Recipients at		Total	City	County	Dun Laoghaire
1/4/61	....	839	771	29	39
1/4/62	....	859	791	26	41
1/4/63	....	735	673	26	36
1/4/64	....	758	685	31	42

1/4/65	....	766	688	44	34
1/4/66	......	666	599	27	40
1/4/67	......	599	534	28	37
1/4/68	......	531	475	24	32

COST

1961/62	£42,219	1966/67	£42,920	
1962/63	£42,211	1967/68	£39,160	
1963/64	£44,027	1968/69	£42,000	Estimated
1964/65	£42,301	1969/70	£45,000	Estimated
1965/66	£45,060			

MENTAL HEALTH SERVICES—ATTENDANCES AT CLINICS

Clinics	Attendances					
	1963/64	1964/65	1965/66	1966/67	1967/68	7 months to 31/10/68
St. Brendan's Hospital	8,192	9,557	9,565	12,518	17,778	12,380
Mercer's Hospital	994	1,083	809	—	—	—
Crumlin Health Centre	972	1,517	1,615	2,593	2,815	1,645
Balbriggan Health Centre	197	279	342	496	600	483
Ballyfermot Health Centre (Feb. 63)	1,007	1,082	1,050	1,357	1,353	769
Finglas Health Centre (Mar. 63)	157	299	558	946	1,556	1,314
St. Loman's Hospital (Jan. 64)	774	2,970	2,748	3,007	2,219	1,041
Dun Laoghaire Health Centre (Mar. 64)	41	590	840	1,456	1,169	1,354
Killester Health Centre (Mar. 65)	—	4	252	545	1,423	681
Summerhill (June 67)	—	—	—	—	423	381
Coolock (Mar. 68)	—	—	—	—	4	257
	12,334	17,381	17,779	22,918	29,340	20,305

SPECIALIST SERVICES

Attendances at Clinics

		Total Attendance	City	County	Dun Laoghaire
O.P.D. Service (including E.C.G. & E.E.G.)	1961/62	268,089	210,905	28,971	28,213
	1962/63	280,067	225,265	28,453	26,349
	1963/64	291,875	231,838	34,832	25,205
	1964/65	308,885	249,266	36,193	23,426
	1965/66	312,518	248,552	36,509	27,457
	1966/67	322,757	253,836	39,295	29,626
	1967/68	346,244	272,721	40,223	33,300
Radiology	1961/62	77,663	61,575	7,571	8,417
	1962/63	82,560	65,552	8,673	8,365
	1963/64	85,373	68,591	8,552	8,230
	1964/65	91,283	73,664	10,696	6,923
	1965/66	99,575	78,633	10,814	10,128
	1966/67	108,625	85,185	11,695	11,745
	1967/68	118,110	91,593	14,043	12,474
Pathology	1961/62	122,293	101,710	13,224	7,289
	1962/63	151,952	123,322	19,224	9,406
	1963/64	186,720	152,234	24,278	10,208
	1964/65	219,247	176,930	25,690	16,627
	1965/66	241,819	198,872	31,220	11,727
	1966/67	259,503	212,578	31,570	15,355
	1967/68	326,277	268,717	40,983	16,577

EXPENDITURE	1961/62	£140,888	1964/65	£216,073	1967/68	£292,686	
	1962/63	£183,691	1965/66	£209,789	1968/69	£358,700	Estimated
	1963/64	£191,446	1966/67	£263,393	1969/70	£372,000	Estimated

BOARDING OUT ETC. OF CHILDREN

Maintenance, Clothing and Education

Numbers maintained at	Total	City	County	Dun Laoghaire
1/4/61	348	263	42	43
31/3/62	315	244	37	34
31/3/63	286	221	34	31
31/3/64	263	194	37	32
31/3/65	235	184	25	26
31/3/66	228	176	27	25
31/3/67	187	144	24	19
31/3/68	179	143	21	15

Approved Schools

Numbers maintained at				
1/4/61	164	149	10	3
31/3/62	128	118	6	4
31/3/63	115	104	8	3
31/3/64	96	86	6	4
31/3/65	101	90	8	3
31/3/66	203	189	10	4
31/3/67	219	203	10	6
31/3/68	296	274	13	9

LIBRARY
14 OCT 1974